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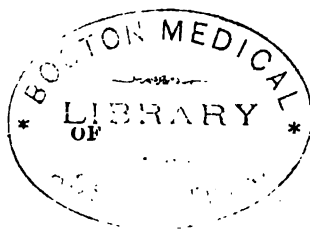
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# ST. LOUIS CLINICAL RECORD.

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## Original Communications.

### LISTERISM IN GERMANY.

BY LOUIS BAUER, M. D., M. R. C. S., ENG.

The enthusiastic followers of the antiseptic method claim not only *specific* virtues for it, but insist upon the observance of every technical rule for its efficacy. They are more punctilious than Lister himself, who has already changed some of the original details. Dogmatism is obviously out of place in natural science and should be rejected.

With equal justice to the author of antiseptis, sober and exact observers have deemed it profitable to drop some minutiae of Lister's plan and to deviate from others materially. Scarcely any of them withhold the candid acknowledgement that innumerable benefits have accrued from the antiseptic treatment of wounds, notwithstanding that Lister's method does not evolve one new surgical principle.

The *scrupulous cleanliness* in the dressing of wounds was a long-established surgical axiom; to its punctilious observance, Burrow, Spencer Wells, Coberle, Keith, von Bruns and others owe their astonishing success.

*Absolute rest to wounded parts* has always been held among surgeons as one of the most essential conditions of speedy recovery, and fifty years ago, Stromeyer taught that *subcutaneous wounds*, as a rule, heal without suppuration.

Obviously, Lister's merit consists in the

methodical enforcement of these fundamental principles, and they will insure him an honored name in surgical history.

In no other country has Lister's plan been adopted with greater avidity than in Germany; and in no other has it been submitted to a more searching test. Although it has there been stripped of its specific characters and has suffered material modifications in its almost pedantic details, yet, like a phoenix, it has risen from the ashes scientifically vitalized and endowed with new sinews for its irresistible sway.

(1) Repeated experiments have demonstrated that carbolic acid in weak solution does not destroy the life of microscopic organisms.

(2) The latter do not develop and propagate in such solutions, not because the carbolic acid prevents them from doing so, but because they find no material to feed upon.

This disposes, then, most effectually of the so-called specificity of carbolic antiseptis.

(3) If the atmosphere is permeated by the germs of bacteria and micrococci, as is affirmed, then it is absolutely impossible to prevent them from entering wounds.

(4) The spray is not only impotent to keep them from precipitating into wounds, but rather favors it. For this reason some of the leading surgeons have entirely dispensed with its use during operations, Billroth and Esmarch among them.

(5) Since the spray has been the occasion of carbolic acid poisoning, another reason for its exclusion has been assigned.

(6) Esmarch generally dispenses with protective silk and Mackintosh as superfluous. The statistical returns of his clinic have not been affected by the omission.

(7) Most observers agree upon the utility of drainage. Not a few object to the India rubber tubes as being susceptible to obstruction; causing mechanical and, perhaps, chemical irritation; perpetuating suppuration in their immediate surroundings; giving rise to bleeding when removed, and not rarely leaving fistulous tracks behind.

At the clinic of Esmarch the India rubber drain-tubes have been supplanted by decalcinated bone tubes. They are said to be less irritating, more homogeneous to wounds and, like cat-gut ligatures, they are gradually absorbed. So little objectionable to the wounds are they that the latter occasionally close over fragments of these tubes before they are fully dissolved, so as to be felt after cicatrization is completed.

In wounds of greater surface than depth, Esmarch establishes round apertures in the integuments by a punch forceps, for better drainage. The wounds thus heal by first intention, the punch holes under scab.

German surgeons recognize three modes of infection: First, the atmospheric; second, the contact; third, the spontaneous infection.

The entrance of atmospheric germs into aseptic wounds is not admitted as cause of infection and putrescence. To be effective the air must have been vitiated and the germs developed into bacteria or micrococci. In order to obviate this species of infection a stringent domestic hygiene should precede operations. The contact infection by the hands of the surgeon and his assistants, by unclean instruments, sponges or articles of dressing is the more aggravated form, because the micro-organisms are introduced into the wound in a state of advanced development and thus fully prepared for propagation. It is in this respect that Lister's directions should be scrupulously adhered to and followed.

Spontaneous infection may be apprehended in contused and lacerated wounds in which necrosis of osseous and soft structures, detritus and partial suppuration is impended, where "dead-rooms" may form within which the atmospheric germs find that sustenance requisite for their growth and propagation. Here, especially, is drainage of great utility, and should be maintained by all means at the command of the surgeon to avert the danger of spontaneous infection.

These are the general maxims which German surgeons have engrafted upon their antiseptic practice and, judging from the elaborate clinical reports, their clinical results exceed all comparison.

Dr. Neuber favors the readers of Langenbeck's *Archives* (Bund 26, heft. 1, Berlin, 1881) with a most deserving report of about three hundred cases treated and operated on at the surgical clinic of Prof. Esmarch, of the University of Kiel, Prussia. If this contribution did not emanate from so reliable and competent a source, the reader might feel persuaded that it was derived from some surgical Arcadia, so far does it exceed the experience of cis-Atlantic surgeons. Not only was the mortality incomparably small, but there was no instance of incidental disturbance, scarcely ever an advance of temperature or an operation followed by suppuration except in excisions of carious joints.

Considering that the operations were all of some magnitude and comprised the removal of tumors, mammary glands, resection of bones for sequestra and the correction of form, exsection of joint for caries, amputation of the larger members, etc., we may justly praise Lister as one of the greatest benefactors of suffering humanity and Esmarch his worthy adept.

What is still more surprising, is the fact that all the wounds healed by first intention below *one single dressing*.

Guided by the desire of according to wounds as absolute a rest as circumstances

would permit, Esmarch had entered upon experiments of dressing them which have culminated in the so-called permanent dressing ("Dauer Verband"). It consists of graduated dry compresses of carbolized gauze, which are gently pressed upon and held to the wound by a roller of the same material.

The article deserves to be placed before the American profession in literal translation, for which, however, we have no leisure.

However strange it may appear, this method, which has so signally changed the surgical aspect of other operations, has failed to benefit the statistics of ovariectomy. Yet this is the stubborn fact, for which we adduce no less an authority than Keith. This eminent surgeon had been reared in the carbolic atmosphere of Edinburgh and under the special tuition of the great antiseptic apostle. His efforts had been unceasing in trying listerism to advantage, but all his labors of love have been in vain. This fact was a puzzle to all the friends of antiseptis and no speculation could offer an acceptable solution to the enigma.

Up to that time Spencer Wells, Koeberle and Keith had performed a large number of operations with remarkable success. Increasing experience had taught them to simplify and perfect the operative proceedings in removing ovarian tumors; they had learned to cope successfully with hemorrhage and all sorts of complications; the pedicle gave them no more trouble and, above all, they had realized the great importance of domestic hygiene and the benefits of scrupulous cleanliness.

In referring to their statistics of the pre-carbolic period, the astonishing result meets us that Wells had lost 10, Koeberle 9.5, and Keith but 9 per cent. of all their cases. It has been suggested that their frequent operations had furnished them the knowledge of a more accurate diagnosis, and that they had learned to select their cases for operation. How little this argument

deserves consideration appears from the fact that Keith met fourteen cases in which the cyst had undergone suppuration, and that all but two recovered. Thus, the statistics improved with the number of operations, so much so that, in the year 1876, Keith lost only 4½ per cent. It thus appears to have been merely a matter of ordinary prudence, when the great ovariectomists of the time observed an expectative policy and allowed novices to employ antiseptis. Frequent failures rather strengthened their position.

Listerism, nevertheless, carried the day, and found favorable consideration with leading surgeons. Their achievements by the specific antiseptic method became so overwhelming and surgical opinion so oppressive, that the ovariectomists had to take the field. As soon as they realized that Listerism did not improve results in *their* practice, they commenced a series of inquiries with a view of analyzing the ground. The first question to be solved was to establish a positive knowledge as to the physiological vulnerability of the peritoneum, and for this purpose G. Wegner has instituted experiments upon rabbits which have led to remarkable discoveries:

1. By passing air through and inflating the peritoneal cavity, it was observed that neither inflammation or irritation was set up, and that the microscopic germs entering the cavity with the air caused no harm.

2. That long exposure of the peritoneum and thorough cooling of its temperature led to the danger of collapse and paralysis. The spray has thus been proven superfluous and may now be dispensed with without any danger to the patient. It is even held by Wegner and others that the spray will certainly harm the patient by lowering the animal heat of the abdominal organs.

3. It is estimated that the peritoneal lining with all its folds covers an area commensurate with the body, and that its inflammation, from this fact, assumes a deadly character to an incomparable degree.

4. The peritoneum possesses marvelous powers of absorption. With avidity it takes up large quantities of fluids in a comparatively short time. In one hour, for instance, liquid which amounted in weight to one-eighth part of the body disappeared.

This endowment may serve two purposes for good and evil: it may carry off exuded material, which might eventually decompose and give trouble, and it may promptly absorb foul substances and carry destruction by acute sepsis.

According to Recklinghausen, the abdominal surface of the diaphragm exhibits open stomata of lymphatics.

Of no lesser vital importance in health and disease is the function of *transudation*. In a normal state both the latter and former balance each other so accurately that but so much moisture remains in the abdominal cavity as is required for lubrication. Certain morbid conditions become the agents of disturbing the balance and if the transudation preponderates, an accumulation of serum takes place; we get thus, ascites. Local irritation from some foreign material in the abdomen may likewise provoke an excess of secretion and the serum then serves as a solvent of foreign substances, preparing the same for absorption. This process is demonstrable by experiment. Spiegelberg, Waldeyer, Tillman and others have introduced into the cavity, fragments of tissues, of liver, spleen, lung, kidney, both fresh or hardened by alcohol, and all were gradually softened, digested and taken up. In the same way an entire kidney was disposed of, which had been immersed in alcohol fully a month. This digestive power of the peritoneum is equal to selfprotection, and most serviceable after operations, provided the material introduced is not directly poisonous or infectious.

Plastic exudation upon the peritoneum is readily excited and acts sometimes to good purpose in sacculating heterologous substances, and even foreign bodies. By its

means, wounded surfaces may be agglutinated in a few hours; pus circumvented and thus the extension of peritonitis be averted. The same process is likewise at work in rendering ligatures harmless, that of the pedicle, for instance. Tissues constricted by either silk, catgut or wire, may either drop off and be digested, or plastic material deposit around it, organize, bringing new life to the stump, as Waldeyer has so conclusively demonstrated. Similar changes take place with charred crusts left by the actual cautery.

The most remarkable fact mentioned by the last author, is, that plastic exudation not unfrequently takes place without any inflammation.

Most patients die from collapse and septic peritonitis. How and under what circumstances collapse ensues, we have already shown. It would seem that it can and should be averted.

Our attention will now be directed to the conditions which lead to septic peritonitis, and the rational means of obviating it.

We have already mentioned that the air, *per se*, or the dry germs suspended in it, fail to engender peritonitis. The effect is different when it acts upon fermentable substances in the abdomen. The pathogenic consequences are obvious.

The introduction of foul matter, even in the smallest quantity, never fails to provoke septic peritonitis, though the same, and even a larger amount, when inserted at another place, may give rise to but an ephemeral disturbance. The peritoneum is peculiarly susceptible to pathogenic microorganisms. They propagate with great rapidity and lead, in the shortest time, to a fatal termination.

Whether there are different species of bacteria, as some authors assume, of which some only are infectious, or whether their poisonous effects depend on a more advanced stage of development, is as yet an unsolved question. It is evident, from Wegner's experiments, that bacteria require

a decomposed vehicle to render them infectious, whilst the injection of water containing them makes no impression.

The said experiments prove very conclusively the two kinds of infection, viz: that by contact and the spontaneous. In the one, the ready material is being introduced, the other generates in the body under favorable conditions.

All the experiments of Wegner have been instituted upon the healthy peritoneum of rabbits, said to be more vulnerable than that of man, at least not less so.

Experience has disclosed numerous examples demonstrating the great tenacity of the peritoneum of man to resist the effects of injuries and traumatic action. Chiene, of Edinburgh, lays claims to unsurpassed results in herniotomy, notwithstanding he places a drain-tube in the hernial sac in such a way that one extremity protrudes into the abdomen. In this position he leaves it until advancing granulation forces its removal. In this way some matter must inevitably escape into the abdominal cavity where it is disposed of without injury.

The peritoneum, when wounded, or when changed from its normal anatomical structure is, however, a very different object to deal with. The removal of ovarian cysts frequently renders it necessary to separate adhesions and to leave behind large wounded surfaces.

These raw surfaces are dangerous anywhere within the abdominal cavity, giving rise to two sequelæ: first, loss of absorbing surface and, second, the exudation of plastic material in which, when exposed to the action of air, fermentation and spontaneous infection are inevitable unless so rapidly absorbed as to leave no time for chemical changes.

There is less danger from these complications when the loss of peritoneal surface pertains to the parietes or omentum, because the plastic material of the said surface gravitates to the more dependent portions of the abdominal cavity, where it

comes in contact with healthy peritoneum and is there absorbed. But if the raw surface is lacerated at the lower or posterior part of the cavity the exuded material accumulating and not being absorbed, is left to decomposition with its septic effects. For this very cogent reason surgeons specially dread wounded surfaces in "Douglas' fold."

Various means have been suggested to meet the exigency of the case: first, *the ligature en masse* which has the double advantage of covering the otherwise raw surfaces by adjacent peritoneum, and closing the bleeding vessels. This method has its risks from the slipping of the ligature and secondary hemorrhage; second, *the severing of the adhesions by the actual cautery*. Since Waldeyer's interesting researches have demonstrated the harmlessness of the burn-scar, this method has been looked upon with much favor and adopted by many surgeons, some, however, as a greater means of safety, continue the two.

From a theoretical stand-point, very little objection can be raised against the plausible recommendation to remove by drain-tubes the morbid collection from the abdominal cavity, but practical experience has not realized the benefits which were enthusiastically promised.

Our revered friend, J. Marion Sims, introduced and recommended drainage through the vagina, others through the abdominal wound, but neither the cases of Sims nor those of Billroth terminated favorably and the latter has, therefore, discontinued vaginal drainage.

The other mode of drainage is but rarely practiced by Spencer Wells, Keith, Schroeder, Ohlshausen; and Péan and Billroth have abandoned it entirely, whereas, Bardenheuer and E. Ballini are its warmest advocates. The former rests his estimate on four total exsections of the uterus and seven of the rectum and sigmoid flexure. All his patients recovered by pelvic drainage. Aside from Chiene's practice in her-

niotomy, abdominal drainage has proved most serviceable in ruptured wounds of the uterus. Frommel reports three cases of this description which happened at the lying-in hospital in charge of Schroeder. Another recovery from the same accident has been published from G. Braun's clinic at Vienna.

The printer waits for manuscript and we must, therefore, conclude this article without having exhausted the subject. We shall probably resume our discussion in the next number of the *RECORD*, and place before the reader in succinct form additional experimental and clinical observations.

St. Louis, 519 Pine street.

### THE SCIENCE AND PRACTICE OF MEDICINE.

BY C. L. CARTER, M. D.

The practice of medicine is a science! That most practitioners are illiterate and ill versed in science does not prove it a vagary, or a haphazard art. It is such only to such practitioners. To illustrate, if some dull boys fail in the attempt to solve a problem in the Rule of Three, the circumstance would in like manner prove that mathematics is not a science.

What is science? A number of well attested facts establish a truth; a number of systematized truths form a science; a number of branches of science (the more the better) systematized lead to the most skillful practice of the healing art. We derive our knowledge then, of practice, first, from our earnest and continued study of science generally, and especially of the structure and functions of the human organism, both in its normal and diseased states. After pursuing these studies far, by books, dissections and in the laboratory, and not until then, do we become capable of practicing intelligently, or of making observations at the bed-side so as to derive experience from clinics. Hence it is, that so

many men who have entered the profession without the necessary requisites, practice through a long life and learn nothing.

Real doctors of medicine are the most learned men living on this earth, and they practice a profession in the light of science relumined by practical observation, which is beneficent, honorable and moderately lucrative.

It is from those men on the lower limbs that we hear so much about the merits and demerits of creeds, systems and plans of practice—of the charlatan use of the lancet, alcohol and veratrum—and of our profession traduced as a vagary or a non-scientific art. Without an extensive knowledge of anatomy, physiology, pathology and chemistry, embellished and perfected by long years of scientific observation and practical experience, surely the practice of medicine is a vagary. Who knows how many diseases are diagnosticated and treated in view of some symptom which may be trivial, while the patient suffers and, it may be, dies of some serious lesion or ill not perceived by the practitioner. How often is the newborn infant allowed to lie on its back in a cyanosed state till it breathes its last, for want of somebody to turn it on its right side till the septum in the heart is closed? How often typhoid fever patients are actively treated to death because there is as usual some inflammation in the lungs? How often the throat is burned, punched and ruined for common inflammation of the tonsils under the idea that it is diphtheria? Scrofula treated for *salt rheum*, or some such outlandish name? Phthisis pulmonalis for vicarious menstruation? And I have seen chronic eczema treated for years for "*pent up small-pox*." This last caps the climax, but the science of medicine is not responsible for such blunders. Only sensible, educated, practical medical men are representatives of the profession.

The great error is in this: That adventurous young men, without regard to intellect or education too often, conclude to go

through the usual curriculum, and be doctors, and there are so many competing schools that almost all come out with diplomas which misrepresent many of them, and foist them on a confiding people.

And generally, the less real ability in the practitioner, the more adroitness, silent assumption, or, a cheeky assumption of being "good on some disease or organ."

The essential characteristics of the genuine doctor are: good natural sense, a high degree of literary and scientific education, a discriminating practical cast of mind, large caution, sobriety and moral honesty. While he should by no means be a wild adventurer, he should be an independent thinker.

The tendency to run in a rut is too strong in our profession; and so it has been ever. For ages the teachings of Galen were held to be supreme by the Europeans and the Arabians, till finally, Abdallatif had the independence to dispute some of his teachings, and later, in the tenth century, Vesalius accused Galen of mistakes, says Dr. Whewell, and drew upon himself the contempt of the whole body of physicians, though he was right and Galen in error.

The doctor, above all others, should be an accurate man; he should think and act according to the dictates of a cultivated mind and a mature judgment, without fear or favor; he should not be a mere worker after an exemplar, but at the same time should pay due respect to the opinions of the learned in the profession.

We should be careful to avoid showy innovations on the profession. We have had not a few of these. Twenty-five years ago the stethoscope was in its glory. I entered my protest against it about that time, now physicians generally regard it as valueless. To-day, the clinical thermometer is considered a great revelator and an emblem of wisdom; but in almost every conceivable case it is a worthless humbug, and only waits the independent expression of practical devotees to sense and science, to

drop from skillful hands, to become the emblem of quackery. How absurd its use! The temperature of the body is known to vary some by age and from various external influences; besides, in typhoid fever, where it is most used, the heat of the body is not general, but is very irregularly distributed. I could mention other objections, but want of space forbids. Whoever will use one and set aside his judgment in the case for its indications will do violence to his patient.

In typhoid, and all low forms of disease, use alcoholic stimulants moderately, and by all means avoid veratrum and all such sedatives.

I avoid nauseous expectorants when possible in all lung affections; generally use a bath or ablutions to cool a fever patient.

The old depleting practice is gone with the dark ages, while nourishment, tonics, moderate stimulation, eliminants, counter-irritants and ablutions, quietude, good sleep, and no medicine during the night, as a rule, and not too frequent dosing in day time, are found better.

This is a brief *resumé* of the advanced principles taught and practiced by the medical profession of to-day. For anything antipodal to these, the profession is not responsible.

HOLDEN, Mo., April, 1880.

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## Clinical Reports.

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### RETROPHARYNGEAL CATARRH AS A CAUSE OF HABITUAL HEADACHE.

BY A. OSTERTAG, M. D.

All general practitioners will agree that, whenever a case of habitual headache presents itself for treatment, a very uncomfortable feeling is experienced by the physician in reflecting on the endless number of possible causes which may give rise to this complaint.

Even when all the clues which our stand

ard works give us, have been carefully weighed and considered, how often do we feel at the beginning that we have probably not hit the right track, and that our treatment is not guided by an enlightened and positive diagnosis. Even our best and most voluminous works, Ziemssen's Cyclopædia among them, give us only a very scanty harvest in their exact descriptions of the causes, symptoms, and especially diagnostic features of this *bête noir* of our art.

For this reason each contribution of well observed clinical facts must be welcome, when it directs our attention to causes which we meet with nearly every day, and which we are likely so easily to overlook. The following case will show the correctness of this statement:

About one and a half years ago I was consulted by a laboring man, aged thirty-two, perfectly abstinent in regard to drink and tobacco, about a headache that had troubled him as long as he could remember; he had tried a great number of physicians, all of whom seemed to be under the impression that the case was a "bilious malarial attack," (like rheumatism, the "old ladies' in pantaloons," diagnostic sheet-anchor) combined with habitual indigestion and constipation. The attacks were ushered in by chills, fever, intense headache, all of which lasted, generally, only a few days, and were always relieved by vomiting of tough mucus. They were brought on by a number of exciting causes, especially cold, hard work, but even by stooping during labor, so that he was often obliged to leave his work in the morning and to stay at home until the next day, when he was generally able to take up his work again; a peculiar feature, also, was, that the headache came on after rising in the morning, when he went to bed feeling quite well and having had a good night's rest.

Although convinced from the beginning that malaria played no rôle in this complex of symptoms, I was equally unable to point out the true cause of it.

As none of his former physicians gave him more than short temporary relief by cathartics and quinine, he at last became resigned and thought himself doomed to life-long suffering. The negative influence quinine showed upon it, the marked improvement brought about by a combination of such remedies as ergotine, belladonna, cannabis ind. and podophyllin (made up into a pill), and also by galvanization of the brain, determined me to keep up this treatment for five or six months, thinking that by perseverance the habit might be broken, especially as he considered himself almost another man under it, and being grateful that he had at last found something that would ward off his sufferings for a longer time than ever before.

About that time he also drew my attention to his throat and chest, saying that he took cold very easily, and then all his sufferings were increased; a renewed physical examination of his heart and lungs showed no lesions which could be assigned as a remote cause, but an examination of his throat and posterior nares revealed an intense chronic pharyngitis; although not regarding this as the only true cause of his sufferings, I at once began a thorough local treatment of this region. After a course of a few weeks, by the generally recognized local treatment, to make the good gained by it more lasting, I furnished him with a hand atomizer and the following solution:

**R** Potass. chlorat.

Sodæ biborat.

Tinct. iodid. aa.....3j;

Acid. carbolic. p. liq.....gtt. xii;

Aq. destillat.....f. 3vi.

M. Filtra. S. to be used as a spray at home.

This advice he faithfully followed out almost uninterruptedly during the last year.

Lately I met him and was surprised to notice the remarkable change in his whole constitution; he must have gained in weight considerably, having before been slender and always looking pale, sickly and worn out; his old enemy is almost unknown to

him, and what is most remarkable, his bowels are perfectly regular, moving spontaneously, whereas, before, he could hardly be without cathartics for a few days, and even his taking cold has diminished considerably.

A few remarks may close this record. When we consider the great frequency of this localized lesion, the rarity with which it is recognized among general practitioners as a cause of this serious affection, habitual headache, the relief of suffering which a recognition of it and rational treatment secured, we certainly are surprised not to find our attention more directed to it, although a consideration of the topography of this important, although somewhat concealed region, in close proximity to the nervous centers of the brain and spinal cord, the great effect which passive congestion of this space or nutrition of those centers must have, might very naturally lead us to look for it as one of the most conspicuous predisposing causes of this intricate disorder, habitual headache.

SOUTH ST. LOUIS, MO.

### ACUTE ALCOHOLISM SIMULATING HYDROPHOBIA.

BY WM. B. HAZARD, M. D.

In view of the frequent appearance of reported cases of hydrophobia, many of which seem to be somewhat doubtful, I have been induced to publish the notes of a case observed by myself, when assistant physician at King's County Hospital, Flatbush, N. Y., in the Spring of 1866.

CASE.—Charles Meeny, aged forty-five years; native of the United States; painter; was admitted on May 24, 1866.

Six years ago, he fell, injuring the sternum, incapacitating him from following his trade; since that time he has been employed with several kinds of work. Two years ago, he was admitted to this hospital suffering from rheumatism, from which he made a good recovery.

Four days ago, he had difficulty in deglutition and respiration from spasmodic action of the muscles about the pharynx and larynx. Has not been able to swallow any liquid since; thirst is assuaged by wetting his lips with water applied with the fingers. Has slept but little, the spasmodic action awakening him. No movement of the bowels for the last three or four days.

*Symptoms on admission:* Not emaciated; complete anorexia; considerable nausea but unable to vomit; very restless and talkative; apparently rational. Respiration hurried and sighing; temperature normal; pulse rather frequent (95 per minute) otherwise normal. He continually changes his position in bed; says he has a feeling of "lightness in the head;" tongue slightly covered with white fur, protruded without tremor. Eyes very bright and constantly moving about. Declares he has drunk no spirituous liquors for nearly a year.

Ordered *Misturæ assafœtidæ* f. 3ii, every two hours, at 6:30 o'clock, P. M. At 7:30 P. M., was called by the nurse, who said the patient was unable to take the medicine. On inquiry, found that he could not be induced to even make the attempt to swallow the fluid. He expressed a desire to do so, but had no power to perform the act. After long persuasion, he tried to swallow a little water in my presence, but the spasmodic action induced prevented him from doing so. The spasmodic action about the throat was set up by the sight or even the mention of water, as well as by the sound of pouring some from one dish into another. Said he could swallow pills if he first chewed them. Ordered grain doses of opium every hour until sleep should be induced.

His feet were far from clean, and an attempt was made to wash them, but this produced such spasms that it had to be abandoned. After taking two grains of opium he appeared to sleep.

May 25, 9 A. M. Appears much better; talks rationally; says he never had any "spasms" until five days since. There

are no cicatrices to be found upon the surface. Spasmodic action much less; respiration is still sighing. Ordered three pills of assafoetida to be taken every four hours.

10 A. M. Was called to see him in great haste. Found him maniacal; rushing about the ward and threatening every one. Said he "felt drunk and would throw himself out of the window if not prevented." He talked constantly; walked about hurriedly; staggered in his gait; demanded his discharge from the hospital; yelled and swore terribly whenever restrained in his movements. Continually expectorating viscid saliva, which he said constantly collected in his throat. As he was entirely unmanageable in the ward with other patients, he was transferred to the "strong room."

12 M. Was called to see him. He has lain in clonic convulsions for nearly an hour. Vomits a frothy substance. At one time was nearly black in the face from asphyxia. Dr. T. Schenck, Resident Physician, was called in consultation. No positive diagnosis. At 4 P. M., Dr. Zabriskie, Consulting Physician to the Hospital, saw him. The patient was raving furiously, gnashing and spitting at every one who approached; face livid. Has drunk a little water; says "there are imps in every corner of the room." Continued thus until 4:30 P. M., when he died.

*Autopsy* eighteen hours after death.

*Rigor mortis* strongly marked.

*Brain*, substance and meninges contained slightly more blood than we had expected.

*Heart*, cavities distended with fluid blood; small white coagula in ventricles; muscular structure apparently normal, not examined under the microscope.

*Larynx*, mucous membrane reddened.

*Lungs*, right strongly adherent in the lower half; both cedematous; the bronchi filled with frothy mucus; structure apparently normal.

*Liver*, firmer in texture than usual, otherwise apparently normal.

*Stomach*, mucous membrane thickened and much reddened.

*Spleen*, somewhat enlarged.

*Kidneys*, slightly granular and full of blood.

*Small intestine* reddened in the first half of its course, otherwise normal.

My own diagnosis was hydrophobia; that of my associates and superiors was not expressed, although they did not hesitate to express their dissent from mine.

The above notes were written on May 26, 1866. On June 5th, following, I wrote the subsequently ascertained history of this patient as follows:

His brother, who removed the body for burial, states that Charles had always been a hard drinker; in fact, he had scarcely been sober at all for the past eighteen years; and when he had been drunk for days, would declare that he had not touched a drop of spirits for a year. Of course, this history makes it clear that this was a case of delirium tremens, while the symptoms scarcely pointed in this direction. The *post-mortem* appearances support this diagnosis, which was *not* made until the history was ascertained.

REMARKS:—I have no comments to make upon the treatment of this supposititious case of hydrophobia. The errors of an M. D. of two months' standing may possibly be pardoned. I learned some lessons from it, however, which I have remembered ever since:

1. Not to place too much value on the absence of tremor in acute alcoholism.

2. Not to be misled by the presence of pharyngeal spasm into making the diagnosis of hydrophobia.

3. Not to depend upon assafoetida as a medicament in any case, unless it is one of well-marked hysterical spasm.

4. Not to be in too great haste in formulating my diagnosis in obscure cases of any kind, more particularly in nervous affections.

St. Louis, 5 High street.

## Translations.

(Translated for the Clinical Record.)

**RESECTION OF THE STOMACH FOR CANCER** (*Gazette hebdomadaire*). There will soon be none of the abdominal viscera which have not been extirpated by surgeons, if not with a success that is lasting, at least "operative" success; and in this daring struggle, having for its aim the enlargement of the field for surgical intervention, representatives of every nation take part. It is Billroth this time who has outstripped all competitors, if we may judge from the following relation which we abridge without comment.

On January 29th, Dr. Billroth undertook to resect the stomach of a woman, aged forty-three years, who for several weeks had presented symptoms of cancer of this organ. There had been constant vomiting, hematemesis, and malonia, and at the location of the pylorus a voluminous tumor could be felt which was movable. It was this mobility which caused the possibility of an operation to be accepted. The operation was undertaken with the reservation of making the incision only explorative in case extirpation should be found impossible.

This was Billroth's procedure: He made an incision through the abdominal walls, parallel to the edge of the false ribs of the right side, immediately over the tumor, as if about to perform gastrotomy. After cutting through the integuments and the peritoneum, the tumor was found covered by omentum and adherent to the transverse colon; it was separated from these parts; a carcinomatous nodule extirpated, when it was found to be a carcinoma extending from the base of the stomach to the pylorus. Nevertheless, Billroth was not willing to abandon the operation by closing up the abdominal wound; he preferred to extirpate the tumor, or rather, to resect a part of the stomach, for he was obliged, in order to isolate the stomach, to make an incision

into the stomach at about the middle of the lesser curvature, on the one hand, and, on the other, to cut through the healthy portion of the duodenum beyond the pylorus.

He was greatly astonished at the facility with which the gastric end was sutured to the stump of the duodenum, by means of ligatures he had previously disposed above and below the tumor; and besides, it may be appreciated that the retraction of the remaining portion of the stomach was immediate and considerable enough to allow of the adaptation of the surface of its section to that of the duodenum; in such a manner that after the operation there finally remained a greatly retracted and singularly lessened stomach, although it was permeable. Suture of the abdominal wound having been accomplished, the antiseptic dressing was applied *minus* the drainage tube.

On the second day after the operation the patient took nourishment by the mouth, and on the eighth day the sutures in the abdominal walls were removed. It cannot be said that the visceral sutures have been removed at the same time or whether they have become encysted, or that they have fallen into the newly-formed stomach. However this may be, fifteen days after the operation the patient was living, thus proving the possibility of successfully resecting a part of the stomach.

It remains to be seen whether the cure proves permanent, and to ascertain how long the subject will remain cured; in other words, to learn how much real benefit she will derive from an operation which equally interests surgeons and those audacious physiologists who have not, however, occasion to venture experiments where the operator's responsibility is so seriously involved.—*Jour. de Méd. et de Chir. pratiques*, March, 1881.

♦♦♦♦♦  
**USE OF PESSARIES** (*Lyon Médical*, March 13, from *Gynæk. og. obstet. Meddel.*).—Howitz, of Copenhagen, in the slighter degrees of prolapsus, which are almost always

accompanied by slight retroversion, employs Hodge's or Schultze's pessary. If these do not suffice, he uses a modified Hodge pessary with a sort of arch, the cavity of which placed in front embraces the *os tincae*. But this instrument is painful to the patient and should be frequently changed; after some time an attempt should be made to replace it by another. Howitz finds Gariel's air pessary of little use. Those of Zwank and Schilling fix the uterus very well, but are dangerous.

In the most marked degrees of prolapsus, in which no operation is indicated, those pessaries should be used which are supported from the outside of the vagina. The best of this sort is Nysop's hysterophore [Similar to the McIntosh supporter.—ED. RECORD], which has likewise a degree of mobility due to its simple and ingenious mechanism. In some cases an ordinary perineal bandage suffices.

For retroflexions and retroversions, the Schultze and Hodge pessaries are recommended. He employs intra-uterine stems but very rarely, and when the patient can be under his own supervision or that of some experienced practitioner.

For cases of antelexion he uses Hewitt's pessary especially. Ordinarily pessaries are useless in cases of anteversion.

Before applying one of these instruments, Hewitt habitually prescribes a preparatory treatment. For prolapsus, he first replaces the uterus and introduces a tampon of glycerine and tannin into the vagina, this is renewed two or three times in the next forty-eight hours, while the patient remains in bed. In this manner tolerance of the presence of a foreign body is gradually established.

For retroflexions, the uterus is replaced in its normal position every second day by the aid of a sound; two days of rest in the lateral position is ordered, meanwhile thirty centigrams (5 grains) of ergot are given every four hours. After three or four re-

placements of the uterus in this manner, a pessary is applied.

For antelexions, reduction is brought about in a similar way, by the aid of the hand pressed against the uterus above the symphysis and it is kept in position by a towel around the abdomen. The dorsal position is ordered and ergot given.

Pessaries, when well tolerated, ought to be removed at the end of a week; after two hours they are reapplied and left in place for three months. During all this time the patient should use tepid vaginal injections daily.

The use of intra-uterine stems necessitates the utmost care.

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COMPLETE AMENORRHEA IN A WOMAN OF THIRTY-FIVE YEARS.—Dr. Jugand reports, in the *Progrès Médical*, for March 19, the following interesting case:

Madam L. was born in Strasburg, but living for several years in Paris, where she directs a dress-making establishment. This lady, of medium stature, is of the most delicate appearance; her complexion colorless, dead, and sub-icteroid, strongly indicates chloro-anæmia. Nevertheless, she says she has generally enjoyed good health. Without being exaggerated, her appetite is always fair, and her family antecedents are excellent. At the age of seventeen years, some drops of blood appeared at the vulva, and since that time she has never menstruated. Married at twenty-two years, she feels each month unwell, with uterine congestion, pains in the loins and abdomen at the site of the ovaries, heaviness in the hypogastrium, febrile state, etc.

Mrs. L. had the greatest desire to become a mother, had consulted many and tried all kinds of emmenagogues, from harmless wormwood to saffron, apiol, rue, ergot, etc. Local treatment with hip baths, cold douches, injections, and medicated pads, succeeded no better. For two consecutive years, she had taken iron, of her own motion, in the form of insoluble pills,

which had led to quite serious digestive disturbances.

She was in this condition when she first consulted Dr. Jugand, on September 28th, of last year. On examination, the neck of the womb offered nothing abnormal, and the touch caused no pain. The hysterometer entered easily and to the depth ordinarily reached in women who have borne no children. All treatment was suspended for one month; good hygiene and a choice but moderate diet were recommended, to which phosphated peptones were added to enable the digestive organs time to recover themselves.

Slight diarrhoea supervening she took citrate of magnesia to modify the mucous membrane, but as the intestinal flux persisted, *albuminous water* as a drink, with syrup of citrate of iron added to meet the chloro-anæmia.

The diarrhoea disappeared, to the physician's great satisfaction; the citrate was well tolerated, and, after six weeks, a few drops of menstrual blood appeared. Struck with this coincidence, she was given the solution of albuminate of iron with bitter orange peel, as prepared by Laprade. For the four succeeding months, the menses appeared normally and without pain; on the fifth month they did not appear. At present, Madam L. is on the eve of her confinement.

♦♦♦

**HYDROTHERAPEUTIC TREATMENT OF TRAUMATIC TETANUS** (*Lyon Médical*, from *Gaz. Méd. de Strasburg*).—Dr. Sieffermann (de Benfeld) relates the case of a vigorous girl of nineteen years, whose hand had been crushed by machinery, who showed symptoms of tetanus following re-amputation nine days after the accident. These became more marked in the following forty-eight hours, when the original dressing of charpie wet with arnica water was removed, and the stump was swathed in linen compresses dipped in ice-water and renewed every two hours; the wound being irrigated with tepid

water, morning and evening. The patient had to be anæsthetized to remove the dressings, opisthotonos being pronounced, the reflexes exaggerated and her sufferings intense. The treatment was continued, and the symptoms gradually ameliorated, followed by complete recovery.

Thanisch reports an equally favorable result from the same method of treatment, and Winternitz, after the battle of Sadowa, treated extensive gun-shot injuries in the same way.

The author recommends a similar treatment for large burns. The pain first disappears, the wound becomes covered with a protective layer of secretion and the chances of traumatic tetanus are greatly diminished.

The French journal remarks that it is strange not to find the name of Malgaigne even mentioned in this connection.

♦♦♦

**TREATMENT OF CANCER OF THE BREAST WITH CHIAN TURPENTINE** (Dr. Peltz, of Osnabrück, in *Berlin Clinical Weekly*, 1880, No. 43).—A woman, fifty-three years of age, presented a carcinoma of the right breast, of the size of a double fist and deeply ulcerated. The glands of the axilla were infected. The tumor with the glands was removed.

But before the large wound resulting from the operation had entirely cicatrized, there was a relapse *in situ*, and reproduction of numerous cancerous tubercles which ulcerated, while the glands of the axillary space tumefied *en masse*.

The patient was then caused to take Chian turpentine for a month, following the method of Clay, of Birmingham. There was complete success; the cancerous nodules as well as the enlargement of the ganglia almost completely disappeared and the wound healed. But, in consequence of gastric disturbances, the turpentine had to be discontinued, when the cancerous tubercles reappeared in the breast and liver, and the characteristic cachexia resumed its progress. This eupheism seems to us to sig-

nify that the patient died. Nevertheless this remedy appears to merit further trial. Clay recommends to make use of the substance which is *genuine* and carefully prepared. This is his formula:

℞ Chian turpentine..... 5 grams;  
Dissolve in ether..... 10 grams;  
Simple syrup..... 30 grams;  
Flowers of sulphur..... 2.5 grams;  
Water..... 480 grams.

M. S.—Take two tablespoonfuls three times a day.

[In place of “grams” read “parts by weight,” if you are not conversant with the metric system.—ED. RECORD.]

♦♦♦  
TO PREVENT PITTING AFTER SMALL-POX.  
(Schwienmer):

℞ Carbolic acid..... 3i to 3iiss;  
Olive oil..... 3ii;  
Prepared chalk..... 3ii.

M.

Apply to the face by means of a linen mask having openings for the eyes, nose and mouth. Compresses suffice for the arms and hands; they are left in place for twelve hours, then removed and new ones applied. Suppuration is less in duration and intensity than upon portions of the body left uncovered, where the stage of suppuration begins on the thirteenth to the fifteenth day; upon the face it occurs on the ninth to eleventh day. The mask is generally removed when dessication commences.—*L'Union Méd. du Canada*, for March, 1881.

♦♦♦  
ANASARCA CURED BY CLABBER (*Ibid*, from *Revue de Thér. Méd. Chirur.*).—A patient affected with albuminuric nephritis under the care of Dr. Lasègue, which, since July last had been complicated with anasarca, had been put upon milk diet. During the heated term the milk furnished the hospital could not be preserved without becoming sour and clabbered, which caused most of the patients to refuse it. This man, however, felt no repugnance for it, and took his two litres (three and one-half pints) a day regularly, drinking the last

drops of whey even. Under this regime, profuse diuresis declared itself; the quantity of urine voided daily, which had scarcely amounted to one litre (1.77 pints) rose at once to six litres (ten pints). The swelling, at the same time, rapidly diminished. It disappeared entirely in five or six days. Everything went on at least as well as if he had taken fresh instead of clabbered milk.

This is a practical point which may be of some importance, for the milk diet, often of such efficacy in anasarca, whether dependent upon cardiac or renal disease, sometimes cannot be applied directly in any other form.

♦♦♦  
EXECUTION OF CRIMINALS BY ELECTRICITY.

—According to the secular press, the regicide, Roussakoff, has been subjected to torture, in the interests of justice, by the military authorities, and the agent employed was electricity. In this relation the following item from the *Lyon Medical*, of March 6, may be of interest:

The idea and *modus faciendi* are German. In a darkened chamber, hung with black, illumined only by a single torch, stands a statue of Justice, bearing the sword and balance; there is, besides, an arm-chair, connected with an electric battery, placed under the left breast of the inexorable Themis. The criminal is securely chained upon this fatal seat. None are present except the judge, the jury and a few officers. The ceremony begins with reading of the death warrant; this ended, the judge breaks his staff of office, throws it into one of the trays of the balance, at the same time extinguishing the torch. The descent of the tray closes the circuit, and sends the criminal to another world.—From *L'Ingénieur universel*.

♦♦♦  
ENTERECTOMY.—M. Périer has had occasion to perform resection of the small intestine to the length of twenty centimeters (about eight inches). This was a case of strangulated hernia reduced

*en masse*. The symptoms were of two days' duration, when M. Périer performed laparotomy to search for the strangulation. The operation was made upon the median line, and when he reached the point of strangulation, M. Périer found such a profound change in the intestine as to cause him to fear early rupture. The affected portion was then resected and the two intestinal extremities were united by sutures. The patient died in thirty-six hours, but the autopsy demonstrated that reunion by means of the sutures was already complete and that the course of the fecal matters had been reestablished.—*Jour. de Méd. et de Chir. Pratiques*, March, 1881.

## Neurology.

### SURGEON GEORGE ALEXANDER OTIS.

[From the Surgeon-General, U. S. Army.]

It is with profound regret and a sense of loss, not only to his corps, but to the medical profession, that the death of George Alexander Otis, Surgeon and Brevet Lieutenant-Colonel, U. S. Army, is announced to the Medical Corps of the Army.

Born at Boston, Mass., Nov. 12th, 1830, he graduated with the degrees of A. B. and A. M. from Princeton College; entered the Medical Department of the University of Pennsylvania, and received his degree of M. D. from that institution in 1850; visited Europe and prosecuted his studies in London and Paris, and returning to this country, he established himself at Springfield, Mass.; appointed Surgeon 27th Massachusetts volunteers, September, 1861, he held this position until appointed Surgeon U. S. Volunteers, August 30th, 1864. After the close of the war he entered the Medical Corps, U. S. Army, as Assistant Surgeon, Feb. 27, 1866; became Captain and Assistant Surgeon, July 28th, 1866; Major and Surgeon, March 17, 1880, having received

four brevets of Lieutenant-Colonel of Volunteers, Captain, Major and Lieutenant-Colonel, U. S. Army, for meritorious services during the war. While Surgeon of the 27th Massachusetts volunteers he served in Virginia, North and South Carolina, and was on special duty in charge of the hospital steamer, "Cosmopolitan," in the Department of the South. Assigned to duty in this office, July 22, 1864, he was Curator of the Army Medical Museum, and in charge of the Division of Surgical Records until his death.

He was editor of the *Richmond Medical Journal* for three years, member of the leading medical societies of America, and corresponding member of the various similar societies in Europe, and a contributor to prominent medical journals. Surgeon Otis, with his personal observations of the surgical collections abroad, brought indefatigable industry and untiring energy to the development of the surgical and anatomical collections of the Army Medical Museum, which he has made the most valuable of their kind in the world. The compilation of the surgical volumes of the Medical and Surgical History of the War has placed Surgeon Otis confessedly among the most prominent contributors to surgical history.

While on duty in this office, Surgeon Otis wrote for publication no less than ten reports on subjects connected with military surgery, etc.; among which are his most valuable and exhaustive reports on "Excision of the Head of the Femur for Gun-shot Injury," and on "Amputation of the Hip Joint in Military Surgery." Of great culture, retentive memory, and with a remarkable facility of expression, he was, as a compiler and writer, conscientious in his analysis, giving his deductions from the facts before him with modesty, but decision. With such a record it is needless to speak of his zeal, his ambition, or his devotion to his profession and especially to the reputation of the corps of which he was so bright an ornament.

While devoting himself to the preparation of the third and last surgical volume (now more than half completed) of the Medical and Surgical History of the War, he died in Washington, February 23, 1881. His untimely death will be deeply deplored, not only by the Medical Corps of the Army, but by the whole medical profession at home and abroad.

JOS. K. BARNES,  
*Surgeon-General.*

—•••—  
DR. ISAAC RAY.

This most distinguished American writer on insanity and its medico-legal aspects, died at his residence in Philadelphia on March 31, in his seventy-fourth year. Dr. Ray was born at Beverly, Maine; studied medicine with Dr. Shattuck, of Boston, and graduated at Bowdoin College, Brunswick, Me., in 1827. He practiced medicine at Portland and Eastport, in his native State, and was appointed Superintendent of the State Hospital for the Insane, at Augusta, in 1841. In 1846, he removed to Providence, R. I., where he superintended the construction of the Butler Hospital for the Insane, and subsequently became medical officer in charge, which position he held until 1867, when he removed to Philadelphia, where he afterwards resided and practiced his specialty as a consultant. He was President of the Association of Superintendents of American Institutions for the Insane for some years, and in 1880 was elected honorary member of the British Medico-Psychological Association.

Dr. Ray was a voluminous writer, the best known of his works being his Medical Jurisprudence of Insanity, the fifth edition of which was published in 1871, the first issue having appeared thirty-three years before. This work is probably the best on the subject in the English language. A collection of his medico-legal studies of individual cases—Contributions to Mental-Pathology—was published a few years ago,

and is very valuable collection of monographs.

Dr. Ray was an eloquent speaker, a lucid writer, and a man whose purity of character and kindness of disposition made him friends among all classes. In the main, his positions assumed in his great treatise have been endorsed by the highest medical and legal authorities. It is possible that his active benevolence gives him too strong a leaning towards the defense in all cases in which insanity is set up as a plea; but in the majority of instances, his *dicta* are logical and unassailable.

W. B. H.

### Extracts and Abstracts.

GOITRE AND PREGNANCY.—Prof. E. W. Jenks, M. D., of Chicago, contributes a long and interesting article on the "Relations of Goitre to Pregnancy and Derangements of the Generative Organs of Women" to the *American Journal of Obstetrics* for January, 1881, in which he gives a condensation of his own observations and the views of others on this subject. We cite the conclusions at which he has arrived:

"1st. There is indubitable evidence that there may be endemic and, occasionally, epidemic causes producing goitre in men as well as women, yet the evidence is equally indubitable that every form of goitre occurs among the latter in a much larger proportion than among the former.

2nd. The fact has long been established that in certain occult conditions of women, increased vascularity and enlargement of the thyroid gland may be produced as a consequence of some unusual excitement of the generative organs.

3d. Violent parturient efforts may cause the vascular form of goitre, but under the influence of pregnancy there may be gradual enlargement of the thyroid gland lasting for years; while, on the contrary, a goitre produced by one pregnancy is sometimes cured by a subsequent one.

4th. There are reasons for believing that, when goitre is caused by any disorder of the generative organs (excepting pregnancy) it is due more commonly to functional than to structural disease.

5th. It is not as a consequence of phlegmasias, or malignant diseases of the uterus

or its annexes, that goitre is developed; on the contrary, the disorders which more commonly cause or precede goitre are fluxions, congestions, functional diseases of the pelvic organs, or those disorders of menstruation which are of systemic origin.

6th. As many goitrous necks among women are due solely to some derangement of their generative organs, the use of topical applications or remedies, however administered, unless made use of to remedy the cause, will be of no avail, and constitutes irrational and unscientific treatment.

7th. In the prognosis of goitre, we should always bear in mind the possible complications where the tumor is of considerable size, prominent among which are compression of the trachea, leading to dyspnoea, or even dysphagia, and compression of the recurrent laryngeal nerve, producing harshness of the voice, and sometimes aphonia.

8th. When the goitre is not large and is manifestly dependent upon some derangement of menstruation, some functional uterine affection, or has suddenly developed in consequence of pregnancy or violent efforts in labor, the prognosis is favorable, although it is not certain that there will be a rapid disappearance of the deformity."

THE CRAYON FEU (Paris correspondent of *Science*, March 5th).—In the medical world a little instrument newly invented, is attracting considerable attention. It is called the *crayon feu*, and is worthy of something more than a passing description.

That all intelligent physicians recommend instant cauterization when a person has been bitten by a mad dog, or, indeed, a dog of any sort, is a well-known fact. It is not, however, generally speaking, an easy matter to find an appropriate piece of iron and a lighted fire all ready for the operation, and consequently it usually happens that some time elapses before the remedy can be applied. Of course we all know that delay in such matters frequently proves fatal, and it was of this undoubtedly that Dr. Moser was thinking when he invented the tiny, portable apparatus which he calls the *crayon feu*, and which is so simply constructed that it can be used alike by physicians, travelers, hunters, or, indeed, any one who has either been bitten himself or who is required to treat another person.

This little instrument consists of a pencil made of some peculiar composition which ignites instantly when a match is applied to

it and becomes red-hot while the patient's wound is being washed. The point of the pencil is then introduced directly into the wound, and the cauterization is performed in an instant. The patient merely experiences a slight sensation of being burned, as the operation is over before he is able to feel any definite pain. A little wooden or metal cover is placed over the pencil when it is not in use, and at the other end is a small receptacle for the peculiar kind of wax matches which are required to light it.

The *crayon feu* is, indeed, *multum in parvo*, and can be carried in the vest pocket. Medical men, scientific societies, and all public administrations in Paris have given it a warm reception—no pun is here intended—and their example has been followed by a host of others, while Dr. Moser himself is looked upon as a veritable benefactor to humanity.

#### HOW SYPHILIS MAY BE COMMUNICATED.—

We find the following very suggestive paragraphs in the Report of the Committee on the Prevention of Venereal Diseases of the American Public Health Association, at its recent meeting:

"When the public knows by how many thousand channels this disease may assail them, your committee have no doubt that they will demand protection at any cost, and they urge upon this Association the promulgation of the fact that so long as syphilitics are allowed to go unrestrained, the spotless woman and the innocent child share the danger of contamination with the libertine and prostitute.

Let it be known that this fearful pest may be communicated—

By the blankets of the sleeping-car, and the sheets, towels and napkins of the steamship, hotel or restaurant;

By the hired bathing dresses of the seaside resort, and the costumes rented for the fancy ball;

By the chipped edges of a coffee-cup, as seen at most hotels and eating-houses, and their half-cleaned knives, forks and spoons;

By the public drinking-vessels in the railway car or station, as well as the public urinal or closet;

By the barber's utensils, the brush and comb in the guest-chamber, the hatter's measure or the borrowed or sample hat;

By the surgeon's or dentist's instruments, or the vaccinator's lancet;

By the broom or dust-brush handled by a

parlor maid, or by the spoon touched by the mouth of the cook or nurse;

By the toys sold to children in the streets by vendors with poisoned lips or fingers;

By playing-cards and visiting cards which have been used, and especially by cartickets and by the paper money which circulates in a city where fifty thousand syphilitics are at large;

By the loaned pipe, or cane, or gloves;

By the grasp of a friend's hand or the kiss of a betrothed lover; by the son to his mother and sister; the husband to his wife and unborn child, and by the latter to its mother."—*The Sanitarian*.

**PORRO'S OPERATION** (removal of the ovaries with the uterus at the time of making the Cæsarean section) was recently performed upon Mrs. Burrill, a Philadelphia dwarf, thirty-two years old and forty-two inches high. Mother and child both saved.

**EARACHE.**—Dr. G. S. Ryerson, of the city of Toronto (*Canada Lancet*, March, 1881), divides cases of pain in the ear into three classes: those dependent upon inflammation of the external auditory canal, inflammation of the middle ear and neuralgia. In the first variety, he applies leeches to the tragus, incises the lower wall of the external meatus, or of any circumscribed swelling (furuncle) that may be found and drops into the ear every hour six or eight drops of a solution of atropine containing five grains to the ounce. The atropia treatment is a favorite one with him. Filling the ear with warm water often lessens the pain.

When the pain is caused by inflammation of the middle ear, we have a much more serious affection to manage. His treatment consists, in the early stage, of inflation of the middle ear by Politzer's method; filling the ear with warm water; use of the solution of atropine, before referred to, every two hours, and leeching the tragus. The leech bite should be encouraged to bleed for some hours after the application. Later, after pus has formed and the drum of the ear is tense and bulging, it should be punctured. Healing of the wound made by paracentesis is usually rapid, much better than after ulceration. Astringent washes are advised later, and the utmost cleanliness must be observed. *Poultices should never be applied to the ear.*

Neuralgia of the ear is rare. The treatment is principally tonic. No special local treatment can be relied on.

**GELSEMIUM AS AN ANTIPYRETIC.**—Dr. L. Duncan Bulkley (*N. Y. Med. Journal*, Jan. 1881), guided by the physiological action of this drug in producing, among other symptoms, a sensation of numbness of the skin and a certain general languor or relaxation of the muscles, was led to test its value in pruritus. He gave ten drops, every half hour or every hour, of the tincture until relief was experienced or until unpleasant symptoms were produced. He used it mostly in cases of eczema, and sometimes with success, and sometimes without giving relief. No alarming symptoms were produced in any of his cases.

Dr. Lewis S. Pilcher reports (*Annals of Anat. and Surgery*) a case of prurigo in a man of sixty years, who had suffered every winter for many years with such intense itching of the surface that morphia hypodermically had to be used. "While in the height of one these attacks the gelsemium was administered; the directions being to begin with ten drops of the tincture and to repeat every half hour, increasing the amount by five drops each time, until either relief was obtained or a teaspoonful of the liquid had been used. When fifty drops had been taken complete relief was experienced; no unpleasant effects of any kind attended it."

Dr. Pilcher thinks there are cases allied to neuralgia in which no external irritation can be found, and gelsemium already has a place among the anti-neuralgic remedies. It is certainly worthy of further trial in pruritus.

**SINGULAR OBSTRUCTION OF WHARTON'S DUCT.**—At his clinic, Prof. Richet drew attention to a curious case in the person of a young man who, while eating some bread, was seized with a sudden lancinating pain, the tongue being so much raised by a swelling which took place under it that the patient could hardly speak. The nature of the foreign body which was supposed to be in Wharton's duct was sought for in vain, when a day or two after the patient felt, with his tongue, the sharp point of some object. This could not be seen, but some days later a very minute fragment of straw was removed from the duct. This, probably, had been in the bread, and became introduced into the duct during mastication. In a well-known case of Roberts, a bristle became engaged in the canal.—*Dental Cosmos*, from *Gaz. des Hop.*

**TREATMENT OF CEREBRO-SPINAL MENINGITIS.**—Dr. Frances Delafield (*Clin. News*, Jan. 1, 1881) says that as we do not know how to act upon the *general* disease, we are confined to treatment of the local lesions. At the very commencement the meningitis should be combated with local blood-letting and cold. Blood should be taken by means of leeches or wet cups, from the temples, the nape of the neck or upper part of the spine. This should be employed only in persons who are strong and robust and at the beginning of the disease. Cold should be applied continuously by means of ice-bags to the head and back of the neck; this during the first week of the disease.

To modify the headache, restlessness and delirium, bromide of potassium, either alone in thirty-grain doses, or combined with chloral, hyoscyamus, musk or tincture of castor. The two latter agents in hysterical subjects.

He thinks quinine is not indicated in this disease. If the temperature is to be reduced, he prefers cold affusions, tepid baths or the cold pack. Quinine does not reduce the temperature in meningitis.

In children, blood-letting is never indicated. The indications for treatment are the same as in adults as above given.

**BALDNESS FROM FRIGHT.**—Dr. E. Wigglesworth cites (*Boston Med. and Surgical Journal*, Oct. 21, 1880) from Frédet a most remarkable case. This was an Italian blonde, aged seventeen years, lymphatic, whose hair was exceptionally profuse. She was sitting near a window sewing, when the floor suddenly fell in, giving her time only to catch hold of the window frame, from which she hung suspended until taken down by means of a ladder. She did not become unconscious or delirious. At night she had headache, chills and bad dreams. In the morning she was weak and nervous, and great itching of the scalp supervened. The following day the itching continued, and her hair came out, whole tufts at a time. In three days not a hair was left on the scalp. The hair of the eyebrows, eyelids, axillæ and genitals followed, so that in five days every hair had disappeared from the body. Her general health was good. Two months later, when seen by the author, not a vestige of hair was to be found, although a lens was used in the search. Two years later the universal alopecia continued, although constant treatment had been made use of.

**PARTIAL INTOXICATION TO PREVENT SHOCK.** Dr. Stephen Smith (*N. Y. Med. Record*) is in the habit of giving an alcoholic stimulant, whisky or milk punch, for several hours previous to a serious surgical operation, until the patient is partially intoxicated. This may require hourly doses of two or three ounces of whisky for five or six hours. He finds that shock is prevented better than by the previous administration of quinine or opium. To produce complete anæsthesia less ether or chloroform is required than if no alcohol is given, the stage of excitement is brief, the pulse remains full and slow, and the respiration is undisturbed. After the operation the pulse maintains its vigor, there is slight, if any, reaction, and the temperature remains nearly normal for the first twenty-four hours. Recovery generally follows in a shorter time than in cases submitted to similar operations without the use of the alcoholic intoxicant. He is especially inclined to use this method with patients who are nervous and alarmed at the idea of an operation, and with those showing enfeebled action of the heart.

**NERVE-STRETCHING IN SCIATICA.**—Dr. N. Mackintosh, of Gunnison, Colo., reports (*Am. Jour. of the Medical Sciences*, April, 1881) a case of sciatic neuralgia of sixteen years' duration, which resisted all ordinary therapeutic agents—even grain doses of morphia hypodermically having but slight effect upon the pain. The paroxysms lasted from five to six weeks, during which time the patient could neither eat nor sleep; the intervals between the attacks became steadily more brief, and the suffering was almost constant. After laying bare the sciatic nerve, and forcibly stretching it, complete relief was obtained, and four months after the operation there had been no return of the pain, although the patient had been engaged in farm work. The wound healed by first intention.

**PROLONGED GESTATION.**—Dr. C. A. Wilcox reports to the *Boston Med. and Surg. Journal*, a case of gestation prolonged to two hundred and ninety-six days. The labor was natural and she made a good recovery. The child was a female weighing nine and one-half pounds, and when two weeks old looked like one of double that age. This was the fifth child and the mother thinks she can have made no mistake.

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## Editorial.

TO PHYSICIANS.—We mail a large number of this edition of the CLINICAL RECORD to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

### OUR EIGHTH VOLUME.

This number begins the eighth year and volume of the CLINICAL RECORD. An outline of the policy which has heretofore governed this journal may not be out of place, especially as many will have the opportunity of seeing it now for the first time.

In the future, as in the past, this journal will be *thoroughly independent*. It depends upon the patronage of no exclusive clique, college or manufacturing chemist for its support.

It will oppose all monopolies and expose false pretenses wheresoever found, without fear or favor.

It is not in favor of legislation which interferes with individual rights.

It is in favor of increasing the requirements necessary to obtain the medical diploma. For the present, it will in no way admit the advertisement of any medical school that does not demand three years of study and three courses of medical lectures in as many different years as a requirement

for graduation. Its management regards even this as too little, and anticipates the time when four years of study will be regarded as the minimum time requisite for graduation.

Books will receive such notice as their merits call for. Authors, publishers and readers may expect an honest expression of opinion. Especial attention will be given to exposing literary shams.

It is in favor of free-trade in medicines and everything requisite for their manufacture.

The CLINICAL RECORD cordially invites its readers to contribute to its pages. Short, practical articles will always be thankfully received.

### REDEMEIR.

Dr. Spitzka, of New York, promises a detailed report of his thorough examination of the brain of the executed lunatic, Redemeir, for our next number. It will be fully illustrated with drawings of the microscopic appearances, and will be the most important paper ever contributed to our columns. This will be readily understood when the fact is appreciated that this is the *first* thoroughly scientific examination ever made in this country of the brain of an alleged lunatic who has been executed, by a competent examiner, with all the resources of modern science at his command. The medico-legal value of such a paper can be easily foreseen.

We purpose issuing an *extra edition* of the May number, of THIRTY THOUSAND COPIES. Advertisers will find it to their advantage to secure space at an early date.

### *THE FAILURE OF MEDICAL LEGISLATION.*

All who expect to secure any substantial benefit from legislation designed to secure a privileged few in the exercise of the exclusive right to practice medicine, are doomed to disappointment. This position we have held for years, and every day events have demonstrated its correctness. There seems to be an epidemic in the profession whose most prominent symptom is a cry for legislative interference. It is no new disease, only an aggravated form of the old complaint.

All history teaches that there are some things that legislation cannot do. To furnish the people with honest and really qualified medical practitioners is only one out of many impossible things that it has attempted. It is entirely outside the province of legislation to attempt anything of the kind. If it should be proposed to regulate by act of Congress or of the General Assembly the appointment of book-keepers or bank clerks, every one would scout the idea. Telegraph operators, accountants, engravers, and all skilled workmen attain positions and hold them by virtue of their own individual excellence, and not because they have passed an examination before this or that board. If a medical school or association arrogates to itself a monopoly of practice, let it guarantee the honesty and excellence of its representatives. This it may do by assuming responsibility for them in the same way insurance companies render themselves liable for the acts of their agents. So long as the diploma confers the right to practice medicine, just so long will the embryo doctor covet the parchment more than he does skill and knowledge. So long as medical colleges are conducted as private business ventures, so long must the profession of medicine be regarded as purely and solely a business and subject to the natural laws of trade.

But, the advocates of regulation assert,

"The people are incapable of judging between quacks and qualified practitioners." The same may be said of every medical bill yet proposed. Not one of them can give the people a guarantee against quackery. The essence of all quackery is false pretense. Every one knows that honesty is not assured by the possession of knowledge. Hence, there are quacks among the learned as well as among the ignorant. In fact, it is not a question for debate whether false pretenses of the most outrageous and demoralizing kind may or may not be found among men who have submitted to the requirements of the most exacting of medical boards.

That the clamor for legislation against quackery is not inspired by a sincere desire to prevent unqualified practitioners from practicing medicine, but is of the nature of trades-union organization, is proven by the fact (if proof were necessary) that exceptions are always made in favor of Eclectics and Homœopaths. These sects have colleges of their own and a following that is respectable by its numbers, intelligence and political influence. No one of the advocates of "regulation" would hesitate to associate himself upon a State board of medical examiners with a homœopath or eclectic, however much he might object to meet such an individual in consultation over a case of disease. It is easily seen, therefore, that the private monopolies, the medical schools, are at the bottom of such legislation.

For our own part, we are in favor of taking away from the medical diploma its power of conferring the right to practice. If any medical legislation is considered necessary, organize a State board of examiners, who shall decide who shall and who shall not practice medicine within the limits of the State; these examiners to be in no manner connected with any medical school. We would prefer no legislation whatever, believing no examination can determine the fitness of any particular indi-

vidual to treat the sick. In other words, we are in favor of an open field, a fair race, and letting the people bestow their favors upon whom they like.

### DEATH OF DR. COWLING.

Dr. Richard Oswald Cowling, editor of the *Louisville Medical News* and Professor of the Principles and Practice of Surgery in the University Medical College of Louisville, died on April 2, aged forty-two years.

Dr. Cowling's untimely decease will be universally deplored. He was a most genial and graceful writer, an able lecturer and a talented operator. He was beloved by all his fellow practitioners. This speaks volumes in his praise.

As a medical editor he will be missed and mourned wherever medical journals are read. It will be long before we shall see his like again. His cheerful humor, sparkling satire and hearty detestation of shams made his journal always a welcome visitor, and inspired his readers with new courage for the battle of life and, at the same time, with respect for the writer who could find so much in life worth living for.

We tender our earnest sympathy to his afflicted family and to his associates who were indeed fortunate in being honored by his personal friendship.

THE MEDICAL BILLS failed to pass the General Assembly, as we stated in our last number. The reason we are to be deprived of the blessings(?) of a State board of health for another two years are given by a prominent member of the Legislature who had these bills entrusted to his fostering care. The reasons as given by this statesman give a pretty good idea of the manner in which such measures are pushed through and the objects their advocates have in view in looking so sharply after the interests of "the dear people!" His statements are confirmatory of the positions taken by this journal in opposing such legislation.

According to this gentleman, there was a

young physician at Jefferson City whose particular business it was to influence members to vote for the Board of Health bill. He was ostensibly there as the representative of the St. Louis profession. His zeal and persistency in "interviewing" and "button-holing" members—"lobbying"—made him a nuisance, and aroused some dark suspicions in the minds of the rural statesmen. These were confirmed when it was learned that this "lobbyist" had "fixed things" so nicely that he was to be secretary of the proposed board and receive a good salary for his valuable (*sic*) services. It was another case of creating an office for the special benefit of an individual. Two years hence, doubtless there will be another attempt made to "throw an office around" some equally disinterested party, and we hope the legislators will prove as cautious then as they have shown themselves the present winter.

We give the statesman's statements for what they are worth, having very little doubt as to their trustworthiness.

"BOGUS" DIPLOMAS.—An alleged "professor" and "President" of an alleged medical college uses rather strong language relative to an article in a recent number of this journal on Medical Colleges and Diplomas, by Dr. A. L. Chapman, of Kansas City. We are somewhat surprised that the *Kansas Medical Index* should have been offered such an article rather than this journal, and still more surprised to find it accepted by our excellent contemporary.

Dr. Chapman shall find this journal ready to give him a hearing in reply, should the pages of the *Index* not be at his disposal.

EUCALYPTOL, the etherial oil derived from the *Eucalyptus globulus*, is steadily gaining in professional favor. During the past year, it has proved itself an efficient antiseptic in the dressing of wounds, an agent of extraordinary power in the treatment of functional albuminuria, a mild and effective anti-blenorrhagic (in the form of emulsion),

and of the greatest value in the treatment of catarrhal and diphtheritic affections of the throat and air-passages. Although not a low-priced article, the smallness of the dose required makes it, in reality, a cheap one, especially in view of its efficiency and wide range of usefulness.

HYDRASTINE, prepared from *Hydrastis Canadensis*, by Messrs. Merrell, Thorp & Lloyd, of Cincinnati, has proved to be an excellent local application in catarrhal ophthalmia, gonorrhoea, stomatitis materni and balanitis, in each of which affections we have given it a careful test. We shall be happy to publish cases treated with it, whether the results are confirmatory of our own or the reverse. It is claimed to possess pronounced antiperiodic powers, but we have had no experience with it in malarious cases. We trust our readers will give it a thorough trial.

### Bibliography.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. von Ziemssen, Prof. of Clin. Med. in Munich, Bavaria. Vol. IX. Diseases of the Liver and Portal Vein, with the chapter relating to Interstitial Pneumonia. By Prof. Ponfick, of Rostock; Prof. Thierfelder, of Rostock; Prof. von Scheuppel, of Tuebingen; Prof. Lichtenstern, of Tuebingen; Prof. Heller, of Kiel; and Prof. Juergensen, of Tuebingen. Translated by Arthur H. Nichols, M. D., and Hamilton Osgood, M. D., of Boston; Edward W. Schauffler, M. D., of Kansas City, and Walter Mendelson, M. D., New York City. Albert H. Buck, M. D., New York, Editor of American Edition. 8vo. pp. 928. New York: Wm. Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, Agent, 514 Olive street. Cloth, \$5 00. Sold by subscription only.

We are pleased to record the completion of the great undertaking, begun five years ago, of presenting this remarkable work to the English speaking profession. As the

work has appeared we have given it all the encouragement in our power, and have testified our appreciation of the magnitude, the importance and the surpassing excellence of this grand epitome of modern medicine. The fact that the Messrs. Wood have received such substantial support from the American profession as to enable them to carry out their original plan—not only without abridgement, but with an unlooked-for extension of the work by nearly one-third—shows that, as a whole, medical men in this country are possessed of an amount of liberality and a spirit of emulation which, one acquainted with the raw material as exhibited in the classes of the majority of medical schools, would scarcely be disposed to give them credit for in advance.

This concluding volume is in no respect behind its companion tomes in excellence of matter, elegance of composition and value of contents—however much it has fallen behind them in order of publication. The prolonged delay of its appearance has been caused by the failure of the German authors to furnish articles upon diseases of the skin, which were upon the programme to be included in this volume. It appears that this section has not yet been written; if it ever shall appear, the publishers promise to issue it in a separate volume which is to be supplied *gratis* to subscribers. This offer is, extremely liberal, and reflects great credit upon the house. A volume of Index will soon make the matter of the Cyclopædia easily accessible to every reader. This will be found very useful, for unless the owner has a very retentive memory, he will often be obliged to search several volumes before he finds the article of which he is in quest. The order of publication has often compelled the publishers to bring subjects together which are in no way indicated by the title upon the book. Thus, the article on interstitial pneumonia is separated from its fellows on diseases of the respiratory organs and tacked to the end of this volume upon the liver. The relation

between the lungs and liver may be rather a close one, topographically, but pathologically it is not so apparent.

The article in the present volume upon suppurative hepatitis, although written in elegant style, seems somewhat antiquated; no author later than Berenger-Ferand, 1874, being quoted. Thierfelder makes no mention of the mental condition in abscess of the liver, and writes very guardedly of the use of the aspirator in its treatment. He attaches altogether too much importance to securing adhesion between the liver and the abdominal wall preliminary to puncture. The same author gives a good *resumé* of the works of French observers on hypertrophic cirrhosis; no mention is made of the wonderful results to be obtained from the use of sodium phosphate and chloride of gold and sodium, so strongly commended by our own Bartholow.

The article on interstitial pneumonia is very valuable. A careful study of its pages would enable many a diagnostician to avoid embarrassing errors.

With this Cyclopædia as now completed and the addition of the annual supplementary volumes, as announced by the publishers, the general practitioner will find himself in possession of a medical library worth more than one of five hundred volumes collected at random, without this truly exhaustive work. In it will be found nearly all positive medical knowledge up to date. With it well in hand the student can intelligently pursue his studies for the balance of his life.

**THE PRINCIPLES AND METHODS OF THERAPEUTICS.** By Adolphe Gubler, M. D., Professor of Therapeutics in the Faculty of Medicine, Paris, etc. Translated from the French. 8vo. pp. 445. Philadelphia: D. G. Brinton, 115 South Seventh st. 1881. Half-Morocco, muslin sides, \$4.

The American profession is to be congratulated upon having been furnished so excellent and readable a translation of Gubler's great work as the one before us.

Dr. M. J. Holloran and Mr. Charles A. Poizat have left but little to be desired in the way of accuracy and literary elegance of their work, while the publisher has our thanks for a most attractive specimen of the book-maker's best style. Good paper, large and clear type, wide margins and handsome binding conspire to disarm—to a great extent—the critic who is so often disgusted with the third-rate mechanical execution of a volume offered for criticism.

A gracefully written biographical sketch of Professor Gubler, by Dr. Halloran, precedes the translation. This is of more than ordinary interest, and is full of encouragement for all students who possess the true scientific spirit.

The work proper, is no ordinary treatise on materia medica, no addendum to a dispensatory. It is rather an explanation of the *how* and the *why* of therapeutic action. Sometimes the explanations are rather fanciful, and again, some suggestions are of more than doubtful rationality. Of these we cite an example:

Pages 21 and 22: "Well, I say, that by crossings, we can advantageously modify morbid dispositions. For example, if it were true that the Negro race is exempt from carcinoma, would there not be an advantage (I do not speak for the white race; it is always unpleasant to tint one's self), but for the Hindoos to cross themselves with those superb races met with in certain parts of Africa, and thus place themselves beyond the reach of cancer?" He believes that if the Russians were to cross themselves with the Spaniards, the consequence would be a decrease of "scrofula." What other consequences such a mixing of blood would produce, he does not state.

But this very quality adds a charm to the writings of Prof. Gubler which we miss in the more prosaic works of the Germans, English and American writers on therapeutics—Lauder Branton alone excepted.

The first four chapters are devoted to the Principles of Therapeutics, in which the

most reasonable theories are advanced concerning the action of remedial agents.

Chapter V to XXI, inclusive, are taken up with a discussion of the methods of introducing remedial substances into the animal economy; special attention being given to the hypodermic method and transfusion of blood. These chapters are full of novel suggestions and useful hints which will be highly appreciated by every practitioner.

A remarkably clear and extremely valuable dissertation upon arsenic mostly occupies the four succeeding chapters. The remainder of the volume is devoted to the following subjects: Elimination of Medicaments (three chapters), Accumulation of Remedial Agents, Prevention of Accumulation, Force of Habit, Intolerance, Antagonism between Morphine and Atropine, and Conditions Affecting Medicinal Action.

It will be seen that this work occupies a special field of its own, a field that repays any physician to review and carefully scrutinize. We have no space for extended comment, but trust what we have written will induce many to thoroughly master its details—to use a convincing argument with us practical Americans—it *will pay* to do so. It contains a thousand hints and suggestions which each have a money value to the oft-times puzzled and baffled practitioner.

**FOOD FOR THE INVALID; the Convalescent; the Dyspeptic; and the Gouty.** By J. Milner Fothergill, M. D., Edin., M. R. C. P., Lond., etc., and Horatio C. Wood, M. D., Prof. of Mat. Med. and Therapeutics and Clin. Prof. of Dis. of the Nervous System in the Univ. of Pennsylvania, etc. 12mo. pp. 157. Cloth, \$1 00. New York: Macmillan & Co. 1881. St. Louis: Book & News Co.

Dr. Wood's journal terms books written for popular reading "pot-boilers." The one under consideration, in which Dr. Wood claims joint authorship, is one of the most unmistakable "pot-boilers" we have ever seen. Literally and figuratively it claims

to be and most certainly is a "pot-boiler." We do not dislike it on this account; on the contrary, we are pleased with it and would not have it changed, with the exception of changing some Cockneyisms for intelligent Americanisms. For instance, we have the hardihood to assert that not one physician in ten could tell the difference between a "hen lobster" and any other variety of that interesting marine insect. Many of them would have to search their dictionaries to find out how much a "pottle of raspberries" amounts to—it is nearly as bad as a kilogramme or a hectolitre.

The work consists of an introductory chapter, written by Dr. Fothergill, like most of the remainder, and nearly three hundred recipes for preparing food for invalids and the other parties mentioned upon the title-page. This introduction is written in the pleasant, chatty style which distinguishes whatever the author writes; it is full of good, practical hints and will well repay a careful reading.

A pretty close examination of the entire work leaves the impression intimated above, that Dr. Wood must be held responsible for little of it except the "prefatory note" in which the "pot-boiling" tendency stands out in such bold relief that we cannot refrain from citing the last of the three sentences of which it consists: "By simply ticking with a lead pencil such recipes as may be deemed suitable for the individual case, the doctor can, in a moment, provide a full dietary for his patient."

We understand from this that each doctor ought to purchase a few dozen copies of the book to be left with patients, like prescriptions, or that each doctor is to insist upon his patients purchasing copies to be "ticked" by the doctor. Either method would insure a sale not surpassed by the works of Zola, Ouida, or Alexander Dumas the elder! We shall not object in the least should its sales amount to a million copies per annum and the authors' incomes be correspondingly increased, for it is a most ex-

cellent book for both doctor and patient to read and study.

**THE CHEMISTRY OF MEDICINES. Practical.**

A Text and Reference Book for the use of Students, Physicians and Pharmacists, Embodying the Principles of Chemical Philosophy and their Application to those Chemicals that are used in Medicine and in Pharmacy, including all those that are Official in the Pharmacopœia of the United States. 12mo. pp. 851, with 50 original cuts. By J. U. Lloyd, Prof. of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O., etc. Cincinnati: Published by the Author. 1881. Cloth, \$2 75; leather, \$3 25.

Chemistry is the average American medical student's stumbling-block. There seems to him to be so much of abstruse theory about it, so much that his habits of thought and lack of preliminary training render irksome and even unintelligible to him, that he incontinently "cuts" the lectures on this really very important branch of science and relies on the votes of the other professors to give him the coveted diploma. This state of affairs is due not only to the poor preparation which, as a rule, he has made for any scientific study, but in no small degree to the faults of the ordinary text-books. Those usually recommended are little suited to his mental grasp. If we except Clowes' admirable manual for laboratory work and the excellent little treatise by Remsen, on theoretical chemistry, all the class-books with which we have heretofore met have contained too much of the non-essentials and what little of *practical* information they contained was hidden under a mass of technicalities calculated to deter the "two years men" from even making the attempt to sift them out.

Mr. Lloyd has been favorably known for some years to the readers of pharmaceutical journals as a trustworthy and original observer and investigator. We have no means of knowing in what estimation he is held by the classes to which he has lectured for several successive seasons, but judging from the character of his writings referred

to and by the work under consideration he has been a most effective teacher of the practical chemistry required by the general practitioner of medicine.

The general plan of the book is well stated in the preface, from which we make the following extract:

"It is designed that this work shall include all the organic and inorganic chemicals employed in medicine, and which may be required of pharmacists. These chemicals are practically investigated, as well as the processes by which they are made. The principal impurities or adulterations that may exist in them are named, and proper tests are given for their detection. Poisons are specified, and with each noxious article the treatment and antidotes for injurious doses. Under the head, 'Synonyms,' with each compound will be given the various names by which the article is known to chemists, as well as to commerce. The atomic weights, specific gravities, solubilities, etc., being given, are the results of the investigations of the most careful scientists."

The above gives a very fair idea of the author's intentions in writing his book, and a pretty thorough examination of its contents has convinced us that he has very generally succeeded in doing what he has promised.

The section on organic chemistry deals only with such substances as are of interest in medicine. This curtails the formidable array of formulæ usually found in works on chemistry so that sixty-two pages contain all the author has to say about the chemistry of carbon. A little over four pages direct the student how to examine urine in health and disease, and contain nearly all that the student will be apt to remember after a course of lectures on the subject. A page of tables of weights and measures with an elaborate index close the volume. We should have noted that it is destitute of a table of contents, which we hope will be added to the second edition.

The engravings are poor and the paper not so excellent as it should be; but no doubt the next issue, which will not be long

delayed, will show manifest improvement in these particulars.

We consider the book as the best practical work on medical chemistry that can be found in the market by the student, physician or druggist, and risk no reputation as prophet when we predict for it a rapid sale and that it will give general satisfaction. The American student appreciates whatever is practical and is pretty sure to testify his appreciation by bestowing his patronage where it will bring him the surest and most speedy returns.

**THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.** Vol. XXXI. 8vo. pp. 1151-131. Philadelphia: Printed for the Association. Collins, Printer, 705 Jayne street. 1880. From the Librarian.

This volume records a portion of the transactions of the last and greatest meeting of this huge and unmanageable society. Our New York correspondent, soon after the conclave, gave our readers a graphic account of the prominent features of the gathering with notices of the more important papers read, therefore we shall not attempt an analysis of them as they here appear in print. Suffice it to say, that if they represent the best work of the American profession we shall certainly despair of its future. The columns of a provincial medical journal, of the dollar a year variety, show better evidences of real progress. The project of an American Medical Association medical journal, as advocated by the President in his annual address, fell flat upon his audience, as well it might.

Professor Montrose A. Pallen's remarkable confession of how he killed a melancholic female, in the insane attempt to cure her by spaying, is conspicuous by its absence.

We shall look forward to the Richmond meeting next month (first Tuesday in May) with no great anticipations of seeing much improvement. Whenever the Association shall put a quietus upon self-advertising by

its members, when it confines itself to purely scientific work and refuses the allurements of the prominent business houses to make its meetings nothing more than grand "junketing parties," and when, by its Code of Ethics—so called—it ceases from concerning itself with the private life and conduct of its members, we shall be glad to welcome the change.

**SYPHILIS AND MARRIAGE.** Lectures delivered at the St. Louis Hospital, Paris. By Alfred Fournier, Professeur a la Faculté de Médecine de Paris, Médecin de l'hôpital St. Louis, Member de l'Académie de Médecine. Translated by P. Albert Morrow, M. D., Physician to the Skin and Venereal Dep't, N. Y. Dispensary, etc. 8vo. pp. 251. New York: D. Appleton & Co., 1, 3 and 5 Bond st. 1881. St. Louis: Book & News Co. Cloth, \$2 00.

At different times, within the last three years, we have presented our readers excerpts from Professor Fournier's lectures on this most interesting subject. Therefore, we shall not go into any extended analysis of the contents of this volume.

There is no subject which is capable of arousing more anxiety in the conscientious physician than that of the proposed marriage of one of his syphilitic cases with an uncontaminated individual. In these lectures he will find carefully laid down those rules which the vast experience of the physician to the Hôpital St. Louis enables him to set forth as having direct bearing upon such cases.

The translation is good, although the Gallicisms with which it abounds gives it a decidedly foreign flavor. The learned professor is nothing if not dramatic, hence the reader's interest is certain to be kept up from the first page to the last. No physician who pretends to keep himself informed upon the grave social questions to which this disease imparts an absorbing interest can afford to leave this valuable work unread. The publishers have presented the book in most elegant style.

**A PRACTICAL TREATISE ON DISEASES OF THE SKIN.** By Louis A. Duhring, M. D., Prof. of Diseases of the Skin in the Hospital of the Univ. of Pennsylvania; Dermatologist to the Philadelphia Hospital, etc. Second Edition, revised and enlarged. 8vo. pp. 644. Philadelphia: J. B. Lippincott & Co. 1881. St. Louis: Book & News Co. Cloth, \$6 00.

This work has become the authority in this country upon dermatological subjects. The first edition has been out of print for nearly two years, which time the author has devoted to a general revision of the entire subject matter and to bringing his book fairly up to date. Evidences of careful revision are everywhere apparent; the chapter on the anatomy of the skin has been mostly rewritten, and, while it contains nothing especially new, it is better in many respects than that in the first edition. Two new illustrations have here been added.

New chapters appear on certain rare cutaneous affections, among which we specially note: uridrosis, phosphorescent sweat, dermatitis medicamentosa, ainhum, and perforating ulcer of the foot.

The author is an ardent disciple of the Vienna school, of which he is the ablest representative in this country.

We know of no work on dermatology in any language so thoroughly satisfactory as this one. It certainly has no rival upon this continent. Like the first, this edition is presented in most excellent style by the publishers.

**AMERICAN HEALTH PRIMERS:—VIII.**

**THE HEART AND ITS FUNCTION.** 16mo. pp. 98. New York: D. Appleton & Co., 1, 3 and 5 Bond st. 1881. St. Louis: Book & News Co. Cloth, 40 cts.

This is an attempt to give the laity an idea of the mechanism of the circulation of the blood, and to instruct the people how to avoid cardiac diseases.

The brochure is divided into five chapters which have the following headings: "Why we Have a Heart," "The Structure of the Human Heart," "The Function of

the Heart and How it is Performed," "The Relations of the Heart to the General System," and "How to Maintain the Integrity of the Heart's Functions." The four chapters first named are merely introductory to the last, which contains an epitome of the hygiene to be observed in order to secure immunity from diseases of this organ.

No author's name is given, but we presume the eminent writer, Dr. G. W. Balfour, has penned its instructive pages. Physicians and students will find it pleasant reading, but we have our doubts as to its adaptability to the wants of the general public—that is, supposing there is a demand for such a work from that quarter.

#### LITERARY NOTES:—

THE Louisville *Medical News* will be edited by Dr. J. W. Holland, who succeeds the lamented Cowling. Dr. Holland is a talented writer and will doubtless maintain for the *News* the high order of excellence which it has heretofore attained.

A NEW work on midwifery, by Professor Theophilus Parvin, of Indianapolis, is announced by Messrs. Henry C. Lea's Son & Co., to appear the coming autumn. We shall expect much from the profound learning, extensive experience and able pen of Dr. Parvin. A new American work on the subject is very desirable, none having appeared since Hodge's ponderous volume, seventeen years ago, and this was never designed for the student.

THE *American Journal of Obstetrics* has a new field opened to it by the demise of the *Obstetrical Journal of Great Britain and Ireland*, which leaves the British Empire unsupplied. The *American Journal*, however, will easily fill its place, more especially as we understand its publishers have made arrangements to have the best of the foreign obstetricians and gynecologists write for its pages. We shall not be surprised should it soon be compelled to appear every month instead of quarterly, as at present.

THE *Popular Science Monthly* for April, contains fifteen articles upon a wide range of subjects, besides the usual editorial departments. Several are of special interest to physicians, "Some notes on a Doctor's Liability," by Oliver E. Lyman, should be read by every one of the class. An anonymous medical man discourses on What is a Cold? and leaves it in just about its former condition of obscurity. A very practical paper on the Purification of Sewer Waters, by M. E. Aubrey-Vitet, gives a very useful history of what has been done, thus far, with this necessary evil. There are many articles besides those mentioned which interest every one, among them we mention History of Chronology, by Prof. E. S. Burns; Plantation Folk Lore, by Prof. T. F. Crane, and a very attractive sketch of the late Frank Buckland. Published by the Appletons, at \$5 a year, single numbers, 50 cents.

THE *North American Review* for April is equal to any of its predecessors in interest and value. The leading article, by Judge Tourgee, on Reform *versus* Reformers, is a "sober second thought" on the advantages and possible disadvantages of the measures advocated with so much zeal designed to secure a better civil service for this country. It is worthy of careful reading. The Thing that Might Be, by Rev. Mark Pattison, deals with a prominent feature in life in a very suggestive and instructive way. The Right Rev. Bishop of Rochester gives the Catholic side of the question of Religion in Schools. The Ownership of Railroad Property, by Geo. Ticknor Curtis, and The Telegraph Monopoly, by Congressman Springer, deal very ably with questions which will shortly occupy a large share of public attention. The Historic Genesis of Protestantism, by John Fiske, is an instructive historical paper. A Critique upon Longfellow's works, by Anthony Trollope, is appreciative and generally more than just. The *North American* is published by

Messrs. Appleton & Co., of New York. \$5 per annum, 50 cents single copy.

### BOOKS & PAMPHLETS RECEIVED.

THE PRINCIPLES AND PRACTICE OF SURGERY. Being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M. D., LL. D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Large 8vo. pp. 1066; profusely illustrated. Vol. II. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton street, Covent Garden. 1881. St. Louis: Book & News Co. Cloth, \$7 50.

REPORT ON TRICHINÆ AND TRICHINOSIS. Prepared under direction of the Supervising Surgeon-General, U. S. Marine Hospital service, by W. C. W. Glazier, M. D., Assistant Surgeon Marine Hospital Service. Published by order of Congress. 8vo. paper, pp. 212. 87 woodcuts. Washington: Government Printing Office. 1881. From the Supervising Surgeon-General.

LECTURES UPON DISEASES OF THE RECTUM and the Surgery of the Lower Bowel. Delivered at the Bellevue Hospital Medical College. By W. H. Van Buren, M. D., LL. D. (Yalen.), Professor of the Principles and Practice of Surgery in the Bellevue Hosp. Med. College, etc. 8vo. pp. 412. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1881. St. Louis: Book & News Co. Cloth, \$3.

A MANUAL OF DISEASES OF THE THROAT AND NOSE. By Francke Huntington Bosworth, A. M., M. D., Lecturer on Diseases of the Throat in Bellevue Hospital Med. College, etc. 8vo. pp. 427. New York: Wm. Wood & Co. 1881. St. Louis: H. R. Hildreth Printing Co. Cloth \$3 25.

CONSTIPATION, PLAINLY TREATED, and Relieved without the use of Drugs. By Joseph F. Edwards, M. D., author of "How a Person Threatened or Afflicted with Bright's Disease *Ought* to Live." 16mo. Price 75 cents. Philadelphia: Presley Blakiston, 1012 Walnut st. 1881.

HYDROPHOBIA. By Horatio R. Bigelow, M. D., of Washington, D. C. 8vo. pp. 154. Cloth, \$1. Philadelphia: D. G. Brinton, 115 South Seventh street. 1881.

**DRUGS THAT ENSLAVE.** The Opium, Morphine, Chloral and Hashisch Habits. By H. H. Kane, M. D., New York City. 12mo. pp. 224, illustrated. Cloth, \$1 50. Philadelphia: Presley Blakiston, 1012 Walnut st. 1881. St. Louis: H. R. Hildreth Pr'tg Co.

**TRANSACTIONS** of the Thirtieth Annual Meeting of the Illinois State Medical Society. Held at Belleville, May 18, 19, 20, 1880. 8vo. pp. 228. Chicago: C. H. Blakely & Co., 88 Dearborn street, Printers. From the Secretary.

**MORTON'S POCKET SERIES, I, II:—**

**I. DIET FOR THE SICK.** By J. W. Holland, M. D., Professor of Mat. Med., Therapeutics, etc., in the University of Louisville. 16mo. pp. 68, in paper, 25 cents. Louisville: John P. Morton & Co., Publishers, 1880.

**II. APHORISMS IN FRACTURES.** By Richard O. Cowling, M. D., Professor of Principles and Practice of Surgery in the Univ. of Louisville, 16mo. in paper, 25 cents. Louisville: John P. Morton & Co. 1881.

**A MANUAL OF THE PRACTICE OF MEDICINE.** Designed for the use of Students and the General Practitioner. By Henry C. Moir, M. D. 12mo. pp. 455. New York: 1881. From the Author. Cloth, \$2 50.

**ANNUAL REPORT OF THE BOARD OF HEALTH OF THE STATE OF LOUISIANA** to the General Assembly, for the year 1880. 8vo. pp. 854. New Orleans: J. S. Rivers. 1881. From the President of the Board, Joseph Jones, M. D.

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### Miscellaneous Notes.

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**PHYSICIAN'S PRACTICE FOR SALE.**—An elegant residence with out-door buildings all complete. A fine office, handsomely furnished, with a practice which pays from two to three thousand dollars a year. Situated in the American Bottom, forty miles below St. Louis. Reason for selling, failing health. For further particulars, address H. D. HAMMACK, M. D., Prairie du Rocher, Randolph county, Illinois.

**INSTANTANEOUS CURE OF INSANITY.**—Dr. John Mulvany, of the Royal Navy, relates a case of instantaneous cure of a case of religious monomania of some weeks' dura-

tion, by a fall from a window, the patient alighting upon his head and thus receiving a deep scalp wound that bled freely.—*Rocky Mountain Med. Review*, Feb. 1881.

**VAGINAL CHANCRES.**—Dr. Binet reports (*La France Médicale*) two cases of this extremely rare localization of primary venereal infection. Fournier has seen but one, and that doubtful. Binet attributes the extreme rarity of the lesion to the fact that the vaginal mucous membrane is very resistant, is infrequently eroded in sexual intercourse, has very thick layers of epithelium, and has no open glandular orifices.

**MULTIPLE ANTIDOTE.**—Dr. BELLINI, of Florence, has recently drawn attention to the value of iodized starch, in a paper read before the Medical Society of that city. He points out that iodized starch has no unpleasant taste, does not possess the irritating properties of iodine, and may be administered in large doses. From the numerous experiments he has made, he draws the conclusion that at the temperature of the stomach and in the presence of the gastric juice, iodine is set free and combines with many poisons to form soluble compounds which are comparatively inert. He therefore recommends it in all cases where the nature of the poison is unknown, and especially against hydrogen sulphide, the alkaloids, alkaline sulphides, caustic alkalies and ammonia. It also materially suppresses the poisonous action of preparations of lead and mercury. In cases of acute poisoning, an emetic should be given soon after the administration of the iodized starch.—*London Practitioner*, from *Der Praktische Arzt*, June, 1880.

**PUERPERAL INFECTION IN THE MALE.**—*The International Jour. of Med. and Surgery*, March 1, quotes from an Italian journal, a case of erysipelatous infection by the lochial secretion of a puerperal fever case. Without giving exact details in regard to the date of the labor, Dr. Lapponi merely mentions that the female, in spite of carbolyzed vaginal irrigations, had had several chills. Some days after the last, the husband cohabited with her and suffered a slight abrasion of the *frenum præputii*; the second and third days afterwards he had chills. On the fourth day he was seen by Dr. L. and found to be suffering from erysipelas of the penis with an inflammatory phymosis; the redness extended into the

right groin, the glands of which were swollen. The disease ran an unfavorable course, spreading over the trunk and leading to gangrene of the scrotum and the integuments of the penis, and ended fatally on the seventh day. Dr. L. regards this puerperal infection, not as of a specific character, but as an ordinary septic traumatic disease.

**AMERICAN MEDICAL ASSOCIATION.**—The thirty-second annual session will be held in Richmond, Va., on Tuesday, Wednesday, Thursday and Friday, May 3, 4, 5 and 6, 1881; commencing at 11 o'clock A. M., of the 3d.

The following are the names of the officers of the different sections:

**Practice of Medicine, Materia Medica and Physiology:** Dr. Wm. Pepper, Philadelphia, Chairman; Dr. T. A. Ashby, Baltimore, Secretary.

**Obstetrics and Diseases of Women and Children:** Dr. Jas. R. Chadwick, Boston, Chairman; Dr. Joseph T. Johnson, Washington, Secretary.

**Surgery and Anatomy:** Dr. Hunter McGuire, Richmond, Va., Chairman; Dr. Duncan Eve, Nashville, Secretary.

**State Medicine:** Dr. J. T. Reeve, Appleton, Wis., Chairman; Dr. R. G. Jennings, Little Rock, Ark., Secretary.

**Ophthalmology, Otology and Laryngology:** Dr. D. S. Reynolds, Louisville, Chairman; Dr. S. M. Burnett, Washington, D. C., Secretary.

**Diseases of Children:** Dr. A. Jacobi, New York, Chairman; Dr. T. M. Retch, Boston, Secretary.

**Committee of Arrangements:** Dr. F. D. Cunningham, Richmond, Chairman; Drs. H. McGuire, J. Dorsey Cullen, and others, members.

The following proposed amendment to the By-Laws will be acted upon:

"In the election of officers and appointment of committees by this Association and its President, they shall be confined to members and delegates present at the meeting, except in Committees of Arrangements, Climatology and Credentials."

Dr. John T. Hodgen, of this city, having been honored by election to the Presidency, it is hoped that Missouri, and especially St. Louis, will send a large delegation to this meeting. Round-trip tickets can be secured, good for thirty days, for \$31 from this point.

The *Virginia Medical Monthly* will publish a daily edition, containing full and accurate reports of the proceedings of the Association, with condensed abstracts of the papers read.

Richmond is renowned for its beauty as a city, the hospitality of its citizens and its delightful climate. Every one who attends the coming meeting will have good reason to remember it with pleasure.

**HOMŒOPATHY AND THE REGULAR PROFESSION.**—The propriety of the present attitude of the profession toward homœopathy, is questioned by Dr. Forcyce Barker, in a recent speech before the New York Academy of Medicine. He condemns "the narrow antagonism of the regular profession toward homœopathy," and claims "that were the unreasonable exclusiveness and opposition withdrawn, homœopathy would soon sink to its proper level." There is no denying that the ostracism of the homœopathists has caused the public to look on them as liberals, persecuted by bigots, and this has given to them the popular sympathy and support. Dr. Barker's proposition would, if adopted, at once alienate the "pure" from the "mixed" homœopathists, and ally the latter class with the medical profession. This would tend to destroy the practice of homœopathic specialists, who would not be preferred by their brethren before the broader specialists of the regular profession, and thus the moral force of the whole class would be impaired. The "pure" homœopathists still holding themselves aloof from scientific medicine, would then lose that support which they now enjoy from its quite general adoption on the part of their more intelligent colleagues. Then could pure homœopathy stand alone, when its followers might be able or might be honest, but could not be both.—*Chicago Med. Review*.

Dr. Barker should be "dealt with" at Richmond—if he is not, we shall hope for the medical Utopia.

"GLACIALINE," highly praised as an anti-ferment, food preservative, and panacea, by certain imaginative English doctors, proves to be powdered borax; "just this and nothing more."

**A NEW STIMULANT.**—According to several of our learned contemporaries, the dying Czar of Russia was temporarily revived by the administration of "sulphate of oxygen." This is a new chemical, and deserves an extended notice from some New York or Louisville adept.

**A GENUINE FASTING GIRL.**—Miss Hattie Deuell, of Iowa City, Iowa, recently starved herself to death. She was undoubtedly insane, having suffered for many years from all sorts of nervous (hysterical?) disturbances. She died on the forty-seventh day, during many of which she took no water. The case seems well authenticated. It is probable that if she had been submitted to proper treatment, forced feeding, etc., the termination might have been different. There are countries in which a suicide of this description would not be permitted.

**TROUBLE AMONG THE DOCTORS.**—Dr. Quain has been called upon to defend himself before the College of Physicians for consulting with Dr. Kidd, who is an eclectic practitioner. Dr. Quain explained that before seeing Lord Beaconsfield he received a letter from Dr. Kidd saying that he was not treating the case homœopathically, and that every direction and prescription of Dr. Quain's would be faithfully carried out. From the letter of Dr. Kidd to the medical journals it appears Sir Wm. Jenner absolutely refused the consultation prior to the summoning of Dr. Q.—*Louisville Medical News*.

It is now in order for the homœopathic and eclectic journals to assert that Dr. Q. killed Dizzy!

**THE SIAMESE TWINS OUTDONE.**—A Italian couple, Tocci, by name, are at present exhibiting at Vienna a most remarkable specimen of their progeny, a pair of twins named Jacob and Baptiste. These boys are grown together from the sixth rib downward, have but one abdomen and two feet.

The upper part of the body is completely developed in each; their intellectual faculties are of a normal character. Each child thinks, speaks, sleeps, eats and drinks independently of the other. This independence goes so far as to admit of an indisposition of the one without, in the least, affecting the other. They are over three years old, in perfect health, and seemingly in excellent spirits.—*Canada Medical and Surgical Journal*.

**DEATH FROM HYSTERIA (?)**.—Dr. Maurice Reynaud reported to the Hospital Medical Society of Paris, a case of a woman who had suffered for five years from all sorts of hysterical attacks, some of them simulating hydrophobia, from whom he removed a nail which had suppurated. After some days, the operation was followed by a rise of temperature and pain in the region of the third dorsal vertebra; this was removed by treatment, but returned in the nape of the neck. The pain shifted its position to the abdomen, the temper became irritable, pulse bad, respiration sighing, lips cyanosed, and she finally died asphyxiated, having presented many symptoms of hydrophobia.

Dr. Raymond thought this a case of fatal hysteria, but many of those present at the meeting were of opinion that there was a meningo-myelitis, or some other serious trouble had caused the result.—*International Jour. of Med. and Surg.*

**TRACHEOTOMY IN ONE MOVEMENT.**—St. Gunian has performed 227 tracheotomies without a single grave accident due to the operation. He places the child on a table, its shoulders resting on a hard cushion and the head firmly held by an assistant; he grasps the larynx firmly with the left hand, seizing it as if to draw it away from the vertebral column; then a straight, narrow bistoury is plunged into the crico-thyroid membrane, the direction of the cut being guided by looking at the sternum. The incision is about half an inch deep (15 millimetres). Next, with a sawing—not pressing—motion the cricoid cartilage is divided with two or three rings of the trachea, the skin and isthmus of the thyroid being cut at the same time. When the instrument is withdrawn the incision is slightly prolonged downwards, to facilitate the flow of liquids. The edges are separated with the director and the canula inserted. He has never seen serious hemorrhage occur in this operation.—*N. Y. Med. Record, from Gaz. des Hôp.*

# ST. LOUIS CLINICAL RECORD.

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## Original Communications.

### DIETETIC TREATMENT OF SKIN DISEASES.

BY EDWIN N. CHAPMAN, A. M., M. D.,  
Membre Correspondant à la Société Médico-Pratique  
de Paris.

It is quite natural to regard all eruptions on the surface of the body as due to external, not internal causes; and, equally natural to attempt their removal by topical, not general medication. This failing, the blood is thought to be at fault, and to require renovation by various alteratives, in order that lotions, ointments, and the like, may evince their full potency. Success being still in the future, certain modern ideas come to the front.

As most subjects of skin-disease digest and assimilate but imperfectly, the effort is made by the administration of pepsin and pancreatin to supplement the deficiency of the natural secretions, or by that of articles converted into dextrin and glucose to relieve the stomach and duodenum of the work of which they are incapable. The food thus prepared and duly medicated with phosphates and cod-liver oil, is supposed to enter the capillaries and lacteals, to correct the faults of the blood, and to send a stream of vitalized fluid to every part of the system. The aim is to supersede the secretions of the digestive glands and carry all the elements of nutrition into the blood, and thus run the living mechanism on chemical principles. The result is cer-

tainly not creditable to the science of medicine.

The skin-disease still maintaining its ground in spite of local applications, blood-purifiers, digestive preparations and chemical remedies, the next expedient is change of air and health resorts.

This, while the character of the food, the state of the gastro-intestinal mucous membrane, the quality of the secretions that elaborate the new elements for, and of the excretions that eliminate the old elements from the blood are wholly neglected. The stomach and bowels are assumed to have, at all times and under all circumstances, a constant working capacity which, in an emergency, may be greatly enlarged both by a call on the reserved forces and by the use of artificial means; and, hence, that a full supply of nutriment, iron, oil, phosphorus, salts, and whatever else the blood may need for its proper composition, can thus be readily furnished to the economy.

This being done, each individual organ will, upon receiving all the elements requisite for the exercise of its function, complete the mechanical work and restore the balance between assimilation and disassimilation. Truly, vitality has passed away and left the human family at the mercy of mechanical, chemical and electric forces!

If, by artificial means, it were possible to introduce every element of nutrition into the circulation, its vital qualities would not be improved, but only deteriorated. The processes of repair and waste being already in disorder, the effete matters in the blood would be further increased, and the skin

and kidneys, already overtaxed, would perform their duties still more imperfectly. As a necessary result, the new material would not be appropriated or the old removed.

In most diseases of an every-day occurrence, that slowly but surely impair the health before they fully declare themselves, the secreting and excreting glands are thrown into disorder. Usually those the office of which is to prepare the food for absorption, are first involved. Their secretions are checked or perverted, and thus an imperfect pabulum is offered to the blood. Therefore, to effect a thorough revolution, it will be necessary to begin at the source of the trouble, and thence proceed, when this has been removed, to deal with the effects, in accordance with the old maxim, "*Tollit causam effectus cessit.*"

Most eruptions, to which young children are subject, are preceded by gastric and intestinal disorders that have been induced by a habitual infraction, on the part of parents, of dietetic and hygienic laws—the same fault one would commit should he attempt to rear plants or raise grain without bestowing any thought upon the soil, exposure, climate, sunlight and tillage. In either case, the want of success does not rest with the child or the plant, as under other and better auspices, both would have fared well enough. The child does not need extraneous aids to digestion and assimilation, or other device to relieve the gastric, pancreatic, hepatic, and intestinal glands of their proper work, but only such assistance from medicine and diet as may be necessary to relieve the abdominal organs and restore the secretions of the *primæ viæ* to their normal state. These secretions, the proper solvents of the food, being present, and the food being adapted to a feeble digestion, what more can be done by art?

This basis of operation being secured, instead of pushing matters by crowding the the stomach, its burden should be made as

light as possible, so as to induce steady and increasing activity, and nothing should be given unless it be very digestible and contain the proper elements of nutrition.

The secretions being regulated and the food adjusted, as to time, quantity and quality, to the impaired powers of digestion and assimilation, the next points requiring attention are the excretions. The due balance between the injesta and excreta is all important, as, while this remains disturbed, the task of renovating the blood is a hopeless one.

This indication is met by a judicious regulation of the food and drink during the preliminary treatment of the digestive organs. If albuminoids be restricted, hard water avoided, and diluents given freely, the irritability of the excreting glands will be relieved by the diminished amount of urea and salines in the blood. Thus the skin and kidneys, having less solid constituents to throw off, the perspiration and urine will be increased. Now, diaphoretics and diuretics will come into play, and, if of an unirritating nature, will aid materially in purging the circulation of its impurities.

The secretions and excretions being regulated, and the basis of a sound nutrition attained, it then becomes possible to use, with advantage, such general remedies as will eradicate any seated vice of the system and such local applications as will restore the skin to a healthy state. In other words, it is in order, after removing the causes, to treat the effects.

From the greater sympathy between the skin and gastro-intestinal mucous membrane at an early period of life than in later years, children are more prone to eruptive disorders and more amenable to treatment than adults. The simple correction of the digestive secretions and regulation of the diet usually suffice to awaken functional activity, rectify errors of nutrition and restore the skin to a healthy state.

In adults, on the contrary, whose sympathies are less and powers of resistance

greater, it will take time to put the stomach and bowels in good working order, to bring the skin and kidneys up to the full performance of their duties, to restore the balance between assimilation and disassimilation, and to break in upon the erratic circle of morbid influences which constantly tend to the renewal of the original disorder. And, finally, almost always, alteratives are demanded to correct the depravity of the blood, and local remedies to remove the structural changes of the skin.

M. O., about forty-eight years of age, came to my office from New York City, December, 1879. His family physician failing to make any impression on an eczema that had continued to appear in successive crops on various parts of the body, the trunk, more especially, he put himself under the care, first of one and then another dermatologist. Both ordered a variety of local applications, but neither paid any attention to the digestive organs, or imposed any restrictions on his mode of living.

I found that his face had a pale and muddy look, that his bowels moved sluggishly and infrequently, that his tongue was foul and flabby, and that his fauces presented a uniform dusky red hue. He ate heartily, smoked immoderately, and drank lager freely.

I prescribed calomel and rhubarb, at intervals, as a purgative, until the movements assumed a more natural appearance, and Rochelle salt as a laxative and diuretic. The diet, from which meat and meat broths were excluded, consisted of milk, bread, potatoes, and acid fruits. Stimulants, spices, and even tea and coffee were interdicted. When the tongue became cleaner, and the movements more natural, salicin was used conjointly with Rochelle salt, and when the secretions and excretions were fairly reestablished, I gave two courses of Fowler's solution. Gradually the vesicles dried up and in less than two months ceased to return. Meantime his countenance became fresh and clear, his tongue clean and pointed, and his throat of the natural appearance. The cure was complete without any external assistance, aside from soap and water, and it will, I am confident, remain permanent as long as dietetic and hygienic laws are faithfully followed.

Master H., seven and a half years of age, was brought to me by his mother from a town on the Hudson, December, 1879. She had taken him, almost weekly, to a distinguished specialist of a neighboring city. Irritated by the loss of time and money in the vain pursuit after a cure, the mother asserted, in strong language, that the doctor was a fraud, as with all his special study and large experience he was unable to remove two little spots from her son's face. "You are much mistaken," said I, "he is a skin doctor, and has correctly diagnosed the eruption as eczema. The fault I find with him is, that he did not go deep enough, not even skin-deep, and investigate the exciting cause, but, considering the blotches as the real disease, attempted to remove them by local means. That boy is scrofulous, and his digestion and assimilation are at fault. I will attend to his stomach, bowels, kidneys and blood, and leave the skin to take care of itself."

He was dull, heavy, listless, and indisposed to play, or in any way to exert himself. His face was bloodless and dusky, his tongue flabby and coated, and his pulse quick and feeble, and yet he had eaten farinaceous food heartily, used cream freely and taken cod-liver oil for months together. Meat, fruit, broth, and other articles that most children are fond of, he would not touch. He had two large, pale, and offensive movements every day, showing that his digestive organs were so enfeebled as not to perform their duties fully, but to allow much of this starchy food to pass undigested. This was evidently a case of scrofulosis, as the boy had always manifested the same torpid nature, the same poverty of the blood, and the same lack of muscular power. The digestive organs being incapable of the great labor imposed by starch and oil, gave out, and not being supplied with all the elements of nutrition, starved the blood.

Beginning at the root of the matter, I gave small doses of calomel with rhubarb every few days until the passage assumed a deeper color. The diet consisted of milk and lime-water, a small amount of bread and crackers, and a liberal supply of oranges, lemons, and baked apples. After a time, eggs, oysters and broth were allowed. The plan was to exclude the articles—oat-meal cakes and puddings—for which he had a morbid appetite, and insist upon those to which he had contracted an

aversion. When the digestion had become tolerably active, I prescribed bitters, iron, quinine, and stimulants.

To render these measures efficient, the boy was kept in the open air, and occupied with active and passive exercise as much as possible.

In a month his digestion and assimilation became more active; in two, his arterial, nervous and muscular forces felt a new impulse; in three, his pulse had volume, his cheeks color, his spirits vivacity, and his body vigor.

The first change was a deeper color, smaller size, and lessened force of his movements; the second, greater activity and more inclination to play; and the third, a transition from dulness and torpor to brightness and activity.

When the vital powers had established their supremacy, the eczema yielded to simple applications.

The continuance of the diet, and a sojourn amongst the hills of central Massachusetts during the summer, completed the cure.

J. R., aged forty-six, came under my care, October 22nd, 1879. He was excessively nervous, had a quick, irritable pulse, ate heartily of indigestible food, smoked to excess, and weighed only one hundred and forty-seven pounds.

Some eight years ago he began to be troubled, particularly during frosty weather, with redness and itching of the auricle of the right ear. Eventually, the disease made such progress that the auricle became permanently enlarged, purple and rigid, and the external meatus nearly closed by the engorgement of the areolar tissue.

His physician, in Philadelphia, where he then resided, being unable to give a name to this singular affection, and much less to check its progress, Mr. R. was induced to consult the first, or, at least, one of the first aurists in this State. Visiting him four times, and being no more fortunate as to name or remedy, than under a less pretentious practice, he left with instructions as to the use of the ear douche, and other local means. Upon his removal to this city, two years since, I was called to attend his family. The ear attracting my attention, I found, on inquiry, that he despaired of ever being any better; for was he not suffering from an ear disease, and had he not consulted a physician who makes that

part of the body the subject of exclusive study and practice? My statement that the disease was eczema, and that it could, almost certainly, be cured by internal treatment, was no more regarded than the idle wind.

January, 1878, he had an attack of quinsy, to which he had been subject two or three times a year, during the colder months. Just as the suppuration was well advanced, a laryngoscopist was foisted upon me in order that any deficiency of mine in throat disorders might be fully supplemented.

The summer of 1879, one of his sons having a serious attack of malarial fever, but making a satisfactory progress to perfect recovery, the father began to think that the general practitioner might possibly know, as well as a specialist, something of disorders, even though located on the ear. At least, as the left ear had then become involved, and the swelling and disquamation in both rendered him quite deaf, he made up his mind to give me a trial.

I reduced the cigars to the minimum, interdicted all food except milk, oatmeal bread, potatoes and acid fruits, gave calomel as a purgative, at intervals, until the passages assumed a more natural appearance, and directed, as the case demanded, a laxative of rhubarb, Rochelle salt, or Hunyadi water, so as to insure a daily relief of the bowels. This while, he took at different times, gentian, salicin, and quinia. Subsequently, his dietary was enlarged, and three or four courses of arsenic prescribed. His ears were washed with borax water and lubricated with deodorized petroleum.

The treatment extended from October 22, 1879, to May 23, 1880. At the last date, the tongue was clean, the complexion clear, the movements natural, the digestion perfect, and the pulse seventy-five. The left ear regained its normal appearance speedily, but the right improved more gradually. The swelling and induration were gone, the meatus was open, and the desquamation had ceased. The tick of a watch, formerly inaudible, unless the watch was pressed firmly against the ear, he now heard at the distance of six inches. His weight was one hundred and seventy pounds. In a word, the treatment which called out the inherent power of the several organs, and placed the vital mechanism under favorable conditions, restored each mem-

ber, with the system at large, to a healthy state.

At this date, April, 1881, though the patient has fallen back, more or less, into the old habits of smoking and eating, his health is perfect, hearing good, and his ear presents only a slight duskiness and scaliness of the meatus and inner face of the auricle. What is singular, his tonsils have been free from inflammatory attacks, and the throat has given no trouble, though he has been constantly exposed to the severe weather of the past winter.

Chronic cases of acne, particularly if the texture of the derma has been injured, are thought to be past all local medication. Even the acute are intractable enough to lotions and ointments of every kind; and, usually, no improvement manifests itself until some two or three years after the advent of puberty. Some cases, however, persist long after the full establishment of the generative functions, and induce serious changes in the normal structure of the skin.

These can almost always be traced to the chylipoietic viscera, as the original cause. The gastro-intestinal mucous membrane is inflamed, the digestive glands are irritated, the blood is loaded with effete material, and the depurative glands are oppressed by the extra work imposed upon them. Such being the case, no good can be accomplished except by a thorough revolution in the several processes of nutrition. The new material must be more thoroughly elaborated, and the old more thoroughly eliminated in order that the circulation may be renovated and the tissues nourished. This is especially true of chronic structural changes in the skin, as its low vitality renders it proverbially rebellious to every form of treatment.

Miss H., aged twenty-two, came under my care, August, 1877, for a chronic acne of the face, that had converted a handsome into an ugly girl. The normal structure of the skin covering the chin was destroyed. It had the look of a piece of parchment, and was white and shining. The forehead was dark and unctuous, and the face was studded over with tubercled elevations.

The digestive organs were clogged, and the secretive and excretive organs obstructed. She ate heartily of meat three times a day, to the exclusion of vegetables, and took freely of condiments to promote the flagging digestion. The diet and treatment enforced in the last case related above, together with the aid afforded, as the nutrition improved, by an ointment of the red oxide of mercury and a lotion of glycerine and sulphurous acid, wrought a cure in six months.

At that time her weight had increased some ten pounds, her condition, every way, was perfect, and her face had regained its original red and white color. Even the skin on the chin had assumed a healthy look.

April, 1881. There has been no return of the acne, though a relapse to bad habits of living, a malarious attack last fall, and a neglect of herself until now, when she called at the office, had conspired, together, to invite the old trouble.

In a disease so intense in its action and rapid in its course as erysipelas, it would hardly seem probable that a treatment simple as the one here advocated, could have much or any effect. Now, surely, if ever, decisive measures are needed to subdue inflammation and prevent disorganization. And yet, however urgent the symptoms and threatening the erysipelas, it is more than doubtful whether any real advance can be made before the secretions and excretions are corrected, and the digestion and assimilation improved. To deal with the effect in a rational manner, the cause must first be removed. This being done, and the necessary steps taken to put the whole vital machinery in active operation, there will be little call for specific medication. The stomach and kidneys doing their full duty, and the repair and waste regaining their normal equipoise, the local disease, as might fairly be anticipated, dies out by a species of starvation.

A lady, sixty years of age, enjoying excellent health, eating heartily of rich food, and weighing a hundred and sixty pounds, was taken, shortly after receiving a slight blow on the shin, with erysipelas of the leg. The inflammation induced redness, œdema, and pain, and excited a smart fever, and

then, after a short time, subsided so completely, that she was able to be about the house and on the streets. Soon she was taken again, and the old story was repeated. At the fourth relapse, I instituted the treatment described in the previous cases, and followed it up by several courses of arsenic. The milk diet, which was begun, March, 1879, was continued a year. The leg gradually resumed its natural appearance, which it has maintained ever since. What is noteworthy, a psoriasis of many years' standing, that affected the entire palm of the left hand, denuding it of epithelium and forming deep fissures in the derma, was cured at the same time, and that, too, so completely that the skin regained its original softness and pliancy.

Since giving up the milk, and returning to a promiscuous diet, she has had no trouble with the leg, and only slightly with the hand. Doubtless her old habits of eating will eventually, if fully resumed and steadily followed, re-awaken both diseases in full force.

During the past winter I have met with two acute cases of erysipelas—of the face in a lady, aged sixty-two, and of the forearm in a gentleman aged fifty-six. The treatment consisted of calomel and rhubarb to correct the secretions, of salicin and Rochelle salt to promote the excretions, of milk with lime water to renew assimilation, and of glycerine to soothe the local inflammation. The central disorder being dislodged, whiskey and quinine speedily restored the supremacy of the natural powers, the lady recovering in seven days, and the gentleman in fourteen.

In his case the additional time was consumed by the suppuration of the areolar tissue of the inner face of the arm, necessitating the free use of the bistoury. There was a large amount of pus discharged, and yet the simple treatment enforced gave such prompt, decisive assistance to the efforts of nature, that the appearance of the arm, and its movements were as perfect at the end of two weeks as before the attack.

Reducing the food to milk alone, and prescribing mercurial purgatives repeatedly, most physicians would say, is contra-indicated in persons past the usual limit of human life. Such a practice would disorder the animal functions, weaken the nervous

and vascular forces, and eventuate in nothing but disaster. If, therefore, a patient now eighty-one years old enjoys excellent health, has an active mind, and walks two or three miles without inconvenience, though recently confined for two years to the milk diet, it must be conceded that milk possesses great nutritive value. And if, meanwhile, a chronic, intractable skin disease does, upon the restoration of the normal secretions and excretions disappear, and does not, after the lapse of a long interval return, it must also be conceded that the treatment was remarkably efficient.

In January, 1876, Mrs. B. came under my care for a chronic eczema of the hands and feet. The skin was thick, hard and fissured. She took, at intervals, two grains of calomel as a purgative until her movements became and remained of a deep yellow color and lived exclusively on milk and lime-water and a small allowance of starchy food. When the stomach, bowels, liver, pancreas, kidneys, etc., had resumed their several offices, the diet was improved by the substitution of meat and vegetables for the milk at dinner, and the following lotion ordered:

R Acid. sulphurosi. . . . . ʒss;  
Glycerini . . . . . ʒijss. M.  
S.—To be applied night and morning.

This restored the skin to a soft and pliable condition.

A year later, from her transgression of the rules laid down, the eczema broke out again. The patient ascribing my success, in the first instance, to the local, not the general treatment, applied the lotion steadily for some weeks. It did not have the slightest effect, but, when she had gone over again the dietetic and medicinal plan previously followed, it promptly restored the skin to its normal state.

Since that time, now more than three years, there has been no relapse; and though she still adheres to the diet, her mind and body are unusually active and vigorous.

In conclusion, I would remark, if a variety of cases, of the severity and obstinacy of those presented above, recover promptly and permanently under general treatment, the inference is legitimate, that

to ascribe much value to local applications is unwarranted. And, likewise, if the simple regulation of the diet and correction of the secretions and excretions accomplish such results, the presumption is warranted, that the proper object of the physician is to restore the normal nutrition, and thus indirectly, by shutting out morbid materials, to give the skin a chance to regain its original condition. Unfortunately, dermatologists have been busy so long with divisions and subdivisions—minute and trivial distinctions—of the various disorders of the skin, that they have neglected to search out the causes. Consequently, as the part affected is dis severed from its connexions and the eruption stands out as an unrelated fact, the true pathology of these diseases has escaped detection, and their treatment degenerated into a ceaseless round of lotions, ointments, baths, sulphur springs and the like. Meanwhile, patients, in their search for specialists have fared but shabbily.

It is high time that this whole subject was relegated to the general practitioner, who, from his knowledge of the system at large, is, or ought to be, better fitted to grapple with diseases arising from the imperfect workings of the internal vital mechanism.

BROOKLYN, April, 1881.

### THE OPIUM HABIT.\*

#### *A Narrative of Personal Experience.*

BY W. D. WILHITE, M. D.

While I regard opium and its salts as at the very head of the list of remedies in the practice of medicine, I at the same time regard it very injurious if the use of it is continued for too long a time.

The opium habit, when once contracted, is more injurious and harder to get rid of than the profession generally realize. I

must confess I was very much astonished in talking with physicians to find that they generally knew so little of the magnitude and power of the habit of opium eating. The great number of opium eaters is surprising to any one who has not investigated the subject.

I have chosen this subject simply because it is one that deeply concerns the human family, there being so many addicted to the habit. I have seen nothing written on the subject, either in books or medical journals. Our authors, so far as I have examined, are perfectly dumb on the habit and treatment of opium eating.

I was led to investigate this subject under the peculiar circumstances of being a slave to the habit myself. In the year 1870 I had a severe attack of rheumatism. Was confined to my room four months. I suffered intensely, and to relieve that suffering I used morphia, the great panacea for pain. I thus contracted, unconsciously, the abominable habit.

When I got able to leave my room I thought I was cured. I found I could have no rest when I left off taking the morphia. In the course of time my rheumatism developed into neuralgia, or what I thought was neuralgia, but am satisfied now it was the effect of morphia. So, acting on my judgment at the time, I continued to use the morphia in larger doses, which would lull me some, but not relieve the pain. I never suffered myself to use morphia to that inordinate extent that I have known some to use it. Therefore it did not supply the demands of the system. I had to resort to something else. I took, in connection with the morphia, Gross' neuralgia pills. I continued in this condition for some time, getting no better, in fact, worse. I concluded to try Brown-Séguard's neuralgia pills with morphia. All the while my system demanding more of the opium. Not willing to increase the dose, I thus kept myself in that condition, suffering all the while, as I thought, from neuralgia. Sometimes I

\* Read before the Moberly District Medical Association.

would call it periostitis, so painful would be the part affected, especially on pressure.

I knew the morphia was injuring me. My secretions were all checked, bowels constipated, no appetite, at times my memory was defective, my mind vascillating, no decision of character, in fact, I had no energy. In a semi-comatose condition, only when I was under the exhilarating effect of the morphia, which would only last two or three hours, when the effect would die out partly, leaving me in great pain, which I would bear until my regular time for taking a dose, which was morning and night. I would watch the time with eager anxiety for the hour to come, so distressing was my condition. A physician who makes treating the opium habit a specialty, and has treated more than a thousand patients, told me I had fought it more manfully than any patient he ever saw.

I lost the power of my muscles, so much so I could not put my foot into my stirrup and mount the smallest pony. I had to drag myself into my buggy with my hands, having so little strength in my legs. My muscular system seemed to be flabby—want of tone and power; my heart would flutter and palpitate upon the least exertion or excitement, I think for the want of tone of the walls of the heart, as I do not have those symptoms now.

I have now told you some of the effects of the opium habit on myself. I will now try to tell what I call the indescribable part, in the language of a medical brother, I will call it the "indescribable wretchedness" of feeling produced by leaving off the morphia. I will here say that no one who has thoroughly contracted the habit can be cured if he at the same time attempts to carry on any business. He must leave off everything and give himself entirely to treatment. I made several efforts to leave off suddenly, although I had not been as great a slave to morphia as a patient I once saw who took thirty grains night and

morning, yet I found it impossible to leave off suddenly, although I had never taken over two grains at a dose. I well remember, on one occasion, I resolved to quit off at once. I knew the terrible scenes and suffering I would have to undergo, so I fortified myself with a pint of the best whiskey. The hour came to take the accustomed dose, and with it the indescribable wretchedness alluded to. But I began on the whiskey as an antidote. I drank the pint in less than three hours without any effect. I walked the floor all night long. I was like a wild man. My limbs felt as if they would weigh a ton. My wife, knowing the trouble, advised me to take a small dose of morphia. I did so. It relieved me. Such sweet peace and repose I never shall forget. I then tried the gradual reduction plan, but trying to keep up my business and practice at the same time, I failed. The fact was, I did not realize the magnitude and power of the enemy I had to fight. Failing in all my efforts to get rid of the pernicious habit, I resolved to leave home and business and put myself under treatment at the St. Louis Sanitarium. I remained there some time. The treatment was a gradual withdrawal of the the opium, quietude, and good nourishing diet. I will here say, the only remedy for the opium habit is opium. One great trouble with me in trying to cure myself, I tried to reduce too rapidly. It has to be slow to give the system time to recuperate. As the system rallies, in the same proportion can the opium be reduced. In my case the opium was withdrawn too rapidly at first, my system became prostrated to some extent so that I had to reduce the opiate as I could bear it.

In about three months I was cured, or could go without the opium. The last fourth of a grain was more trouble to get rid of than all the rest. No one that has had no experience in the opium habit can conceive of the magnitude and power of its effects.

The cause of the failure of treating opium eaters after the old plan is plain to my mind. The absurd idea of confining a patient in a cell and withholding the opium to substitute something else is perfectly barbarous. This plan of treatment, I am sorry to say, has been adopted by some hospitals. The result was, the patient became crazed, had to be confined in a strait-jacket, relaxation, prostration and diarrhoea set in, and a horrible death was the termination.

Gentlemen, in conclusion I will say, the treatment of the opium habit is that of *similia similibus curantur*.

SALISBURY, MO.

### TYPHO-MALARIAL FEVER.

BY U. S. WRIGHT, M. D.

Mr. President and gentlemen of the Moberly District Medical Society: Having been appointed to read you an essay at this meeting, my mind was accidentally directed to this subject by the assertion of a physician eminent in the profession "that there is no such disease as typho-malarial fever," and though from procrastination I shall be limited in time in the arrangement of my essay, I feel assured that I can demonstrate conclusively to the minds of some of my professional brethren present that this name is as appropriate for the disease I describe as any other that may be suggested.

Typho-malarial fever is a disease that occurs as an autumnal fever, and according to my experience requires more skill to conduct a patient safely through its self-limited course than it does in a case of true typhoid. It is evidently a malarial disease, for we find it often begins as a simple remittent fever, to all appearances, and thereby often leads us to administer medicines, as such, that we find in the end to be very injurious to our patient. Frequently as early as the fourth or fifth day we see symptoms developing that point clearly to a typhoid state of sys-

tem, as portrayed by the appearance of tongue, tympanitic condition of bowels, perhaps some slight delirium, with other symptoms connected with abdominal lesions of typhoid state. Perfect typho-malarial fever is, to my mind, caused by the combined action of the two poisons, malaria and the special cause of typhoid fever. This being the case, I think there can be no better name given the disease than that suggested by my subject. It is certainly a more appropriate name than "continued fever," as that might be given to a number of diseases of a febrile character.

Having had several cases of this fever in my practice last fall, I will describe symptoms as they occurred in said patients.

In every case of the fever I have treated recently there was more or less gastric irritation with tympanites and soreness on pressure near the junction of the ascending and transverse colon, and three of the four had the diarrhoea that is peculiar to typhoid fever, the other was more or less constipated throughout the course of the disease. In my experience the true diagnostic difference between this disease and typhoid fever lies in the fact that the temperature in typho-malarial fever varies night and morning several degrees, say almost quite normal in the morning and perhaps 101° to 102° in the evening, and while we do have in some cases considerable delirium, it is not of that low muttering type we find in the true typhoid, continuing for days and nights, leaving in the memory of the patient a complete blank. This fever is preceded by a formative stage longer than that of simple remittent fever, and the gravity of disease is of course much greater. In some cases we may find the gastric symptoms preponderate, giving it the type of a malarial disease entirely, and again we see the reverse, the typhoid phenomena in the ascendancy. Convalescence is frequently protracted in this disease, and perforation of the bowels or hemorrhage from mucous surface of intestines is quite liable to occur.

I have further noticed that we frequently have some bronchitis as a complication.

My treatment of this disease will now be given. As the preface of my remarks indicates, we are often led to give too much purgative medicine in the beginning of the ailment, owing to the fact that it starts out with malarial symptoms predominating, and as we are all prone to nurse the action of the liver in bilious diseases, we too often irritate the bowels, already congested to such an extent that we are the more liable to have hemorrhages to follow about the time of convalescence in our cases. I always feel better upon the development of the disease when I know that I have used as a remedy nothing that has added fuel to the flame. I usually begin my treatment with quinine in connection with some sedative drops. If I find, as I frequently do, that quinine does not act as a sedative, softening and lowering the pulse and temperature, but on the other hand dries the tongue, and skin keeps dry under its use, I then leave it off entirely and use my sedative mixture composed of gelsemium, aconite and bromide of potash, until secretions are in good condition and the absorbant system performs its functions properly. Should there be much tympanites I use turpentine emulsions and also turpentine enemata until this trouble is relieved, if troubled with diarrhoea I add tinct. opium to emulsion in sufficient quantity to check discharges. Should hemorrhages occur, as they did in one case under my care last fall, I use the following remedies to relieve: I rely sometimes upon the opium and tannic acid treatment, but at the same time I use a mixture composed of ol. erigeron, ol. cinnamon, fl. ext. ergot, fl. ext. epilobium, pyrogallie acid, glycerine and syr. acacia. With the use of this last remedy I have checked quite severe hemorrhages in a short time, and kept the bowels locked up for over forty-eight hours. I also use ice cloths to bowels freely and have the patient to use cracked ice in abundance. I always direct

the bowels to be bathed with turpentine once or twice a day, if there be any marked tenderness, and guard the patient carefully against the use of solid food for days after convalescence. I am also led to choose my remedies by the condition of the tongue in this disease, as should I have a pale tongue with a pasty coating, I use an alkaline and give hyposulphite of soda in water; on the other hand, with red and pointed tongue, I give dilute nitro-muriatic acid to patient. I have found a very useful remedy to be the muriate tincture of iron and potassa chloras in water, given after hemorrhages have ceased and fever is yielding. In anticipation of hemorrhages, I use charcoal which has been triturated in sugar of milk. After convalescence I am careful as to diet for patient for some time and place him upon a good tonic treatment until strength has entirely recovered.

Hoping the society will excuse me for inflicting upon them an essay written since nine o'clock last night, with a promise to give myself more time in future, I submit this to your consideration.

FAYETTE, MO.

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## Clinical Reports.

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### SURGICAL CLINIC.

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*By Louis Baner, M. D., M. R. C. S. Eng.*

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#### CASE OF ABDOMINAL TUMOR—LAPAROTOMY—RECOVERY.

The patient has been for some time under my close observation. I have repeatedly examined her and an opportunity to examine has been offered my colleagues, Profs. A. S. Barnes, Laidley and McIntyre. Our conjoined efforts led to the diagnosis of an abdominal extra-uterine tumor. The distension was so great that the special relations of the growth could not be ascertained. The history of the case educed no tangible fact beyond the seat and growth of

the tumor in the lower part of the abdomen. The patient, a widow thirty years old, colored, below medium stature, noticed, two years ago, a movable tumor in the abdomen, at that time as large as an orange. Whether it occupied either side or the median line, she is unable to state. During the intervening period it has grown so rapidly that it now reaches the precordium. She measures 38½ inches around her body and the distance from the xiphoid cartilage to the pubic symphysis is 19½ inches. The distension is somewhat greater on the left side. The outlines of the tumor and its oval form and firm walls can be clearly discerned. There is indistinct fluctuation within the tumor and from a collection of serum in the abdominal cavity. The uterus moves independent of the growth, and *vice versa*. This circumstance, and the greater distension of the left side inclines us to the diagnosis of a left ovarian cysto-fibroma.

Of late the burden has become unbearable, interfering so seriously with repose, appetite, etc., that an operation has become a necessity. Not being able to bear the inconveniences of a long journey over a rough road, the Health Commissioner kindly consented to her admission into the City Hospital. Accordingly the patient entered on the 19th day of March and the operation was performed a week later.

The tumor proved to be a monolocular cyst with very thick and firm fibrous walls. Its contents filled a medium-sized bucket and were of a merely serous character. In its growth it had elevated the two lateral ligaments as in pregnancy, and the broad, sessile attachment was found at the fundus uteri. The broad ligaments were therefore ligated *en mass* and the separation from the tumor effected by the actual cautery. Instead of enucleating the base of the tumor from the uterus, I left a cup-like fragment which was thoroughly charred with the hot iron. The bleeding was nevertheless lively and required for its arrest a goodly number of ligatures (catgut and silk).

The operation lasted more than an hour, when the patient was put to bed. Although a very unfavorable prognosis was entertained, yet the patient made an excellent recovery and left the hospital on the 28th of April.

On this occasion it is an agreeable duty for me to acknowledge the incessant care and attention which the patient received from the Medical Superintendent, his assistant, Dr. E. Studer, and the ward nurses, to whom her recovery is due in a greater measure than to the part I took in the management of the case.

For one, I cannot refrain from expressing my disappointment as to the seat of the tumor. In the absence of any clew derived from the patient, it might have been proper to institute an explorative puncture, which is devised for such purposes. Probably the exact location of the attachment would have been discovered and then the operation might not have been ventured upon. The safe recovery of the patient has relieved me of a painful compunction, but the experience derived from this case will have a lasting effect in any future action.

#### CASE OF CARIES OF HIP JOINT—CONSECUTIVE ABSCESS—RESECTION—RECOVERY.

The little patient descends from unexceptionable stock. No constitutional taint can be traced to his ancestry on either side. His domestic surroundings have been of a superior character.

A fall upon the left hip educed the usual symptoms of incipient hip-disease, and erroneous treatment led to a speedy development of the lamentable lesion. Within a year the little sufferer had passed into the third stage with all its attributes: general emaciation, malposition of affected extremity, disturbed rest, loss of appetite, septicæmia, fever, etc. Evidently extensive caries of caput femoris and acetabulum and perforation of the latter evidenced by bony friction on motion and a large consecutive abscess in Scarpa's triangle. In this condition the patient was admitted into

the Hospital Department of the St. Louis College of Physicians and Surgeons, the contracted muscles divided subcutaneously, the limb reduced to a better position and fixed therein by a plaster-of-Paris bandage and veneering splints.

This treatment had the effect of procuring immunity from pain, with which appetite and systemic invigoration returned *pari passu*. The improvements were so rapid that the little patient could be discharged on crutches to his country home.

The abscess had not been disturbed, for it was devoid of all irritative evidences, and its size decreased with improvement. The apparent recovery continued for several months. Unfortunately, measles broke out in his vicinity and he became the victim of an average attack. From that moment a regressive change became manifest; septicaemic fever and pain in both hip and knee returned; rest and appetite diminished and the abscess underwent a signal change.

In this condition the patient was readmitted. Exsection became imperative and was accordingly performed on the 2nd of May. The head of the femur was in a state of advanced caries; so was the acetabulum. In the latter several small sequestra and two perforations co-existed. Besides the removal of the femoral head and neck (large trochanter was not disturbed), the acetabulum was thoroughly cleansed of all morbid material by chisel and rasorium.

The operation was performed under Lister's plan (spray excepted) and drain tubes inserted in the wound. On this, the tenth day after the operation, the wound has mostly closed by first intention, drainage is still continued and the patient is in as good condition as could possibly be expected in such a precarious state.

A few concluding remarks may be profitably added as to the treatment of the abscess.

The question has been asked, what becomes of the consecutive abscess? As long

as the abscess shows no disposition to irritation we may justly infer that its contents are of a mild character; not disposed to decomposition; not mixed with irritative detritus. If its increase can be arrested by appropriate treatment, the pus undergoes fatty degeneration; its serum becomes gradually absorbed and the remnant is soon converted into a cheesy, crumbly substance often mistaken for tubercle. When eventually the abscess opens spontaneously this mass, in a semi-solid form, must be squeezed out and when cleared entirely, the cavity, already diminished by resorption of the liquid portion of pus, closes without any further trouble. To open such an abscess prematurely furnishes a new source of physical drain and irritation.

By the influx of new material, as in the present case, the walls of the abscess become inflamed; the abscess enlarges and forces an opening or spreads and burrows between the muscles. Under these circumstances it is better to open it as the lesser evil, as was done in the present case. The discharge manifested the dual characters of caseated and more recently produced pus.

As to the propriety of resection in cases of extensive caries, there can be no difference of opinion. Inasmuch as surgical art cuts the Gordian knot in a few minutes and removes at one stroke the disintegrated structures of the bony components, whilst nature would succumb to the tedious process of spontaneous elimination.

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## Translations.

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(Translated for the Clinical Record.)

**RESECTION OF THE STOMACH.**—We have, as yet, no authoritative statement of the two operations performed by Billroth for the removal of carcinomatous pylori. From the secular press we have learned that the first was successful and the second a failure. Through private sources we derive the information that the first occupied one and a

half, the next two and three-fourths hours; that in the former, fifty-four, and in the latter, fifty-eight sutures were required.

Rydygier, the successor of Pean, has made the third one, and he has just published its details in the eighteenth volume of the *Deutsche Zeitschrift für Chirurgie*. The operation lasted four hours, and took sixty sutures. The patient never rallied completely and died twelve hours after the operation from collapse. The author prepared his patient by gentle purgatives and withheld, for two days, food per os, relying on nutritious enemata with peptone, wine, etc. He entered the abdominal cavity, above the umbilicus, by a longitudinal incision through the linea alba, drew the affected portion of the stomach out, detached the large omentum as far as necessary, applied his compressoria on both extremities of the tumor and removed it. Inasmuch as the calibre was larger than that of the duodenum, he reduced the former by cutting out a V shaped piece.

Billroth had secured the vessels by ligatures before he cut, and in doing so he had both saved time and prevented hemorrhage, but Rydygier had omitted this precautionary measure and had to pay the penalty.

The patient, already reduced, lost more blood than he could bear, the ligature en masse failed and the catgut ligatures easily slipped off. The long exposure and the cooling of the abdominal cavity, together with loss of blood, sealed the fate of the patient.

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**GEOGRAPHICAL DISTRIBUTION OF SYPHILIS.**—According to H. Prey (*Annales de dermatologie, etc.*, Paris, 1880) syphilis is generally distributed over all countries. Race cuts no figure in reference to predisposition or immunity. The only exceptions are furnished by Iceland and Africa. Foreigners have imported it into that island, but it has taken no root among the natives. The northern climate cannot be admitted as the cause of immunity, since syphilis

prevails within the same latitude in Siberia and Greenland. Livingstone claims that the natives of the African interior are perfectly free from lues, where the violence of syphilitic symptoms is proportionate to the intermixture of the Negro with the Caucasian race.

Again, syphilis is most virulent among tribes which had been completely free from it before the inoculation.

The symptoms are everywhere the same, except that the color changes the appearance of syphilitic skin diseases. Climate makes little difference in the symptoms. On this point authors do not agree. Some claim that the torrid zone acts favorably; others assert the contrary. Rey thinks that there are not sufficient observations to decide this question one way or the other.

This much appears from our present state of knowledge: Europeans suffer severely under the tropical climate in becoming anæmic and, besides, they can not bear appropriate treatment. It has been mentioned that the lues acquired in China is conspicuously tenacious in other countries. Dr. Rey has his doubts about it. He also refutes the belief that the evolution is more rapid in warm latitudes than in temperate ones; whereas, he shares the opinion with Jourdanet, that elevated plateaus retard its progress.

In fine, the author considers the fact indisputable that antisiphilitic treatment is better borne and is of more lasting effect in hot than in cold climates. L. B.

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**INFLUENCE OF COFFEE AND SUGAR UPON DIGESTION.**—MM. Leven and Sémeric have sought to verify the different opinions of authors relative to the influence of coffee upon digestion. Trousseau and Pidoux recognize its utility when taken after meals, while the English authors, on the contrary, regard the use, or rather the abuse of this substance a potent cause of dyspepsia. Leven and Sémeric caused a dog to take 200 grams (6½ ounces) of meat with an

infusion of 80 grams (about an ounce) of coffee in 150 grams (about  $4\frac{1}{2}$  ounces) of water. The animal was killed five and a half hours after, when the stomach was found remarkably pale both upon its mucous and external surfaces, and 145 grams (over four ounces) of undigested meat were found in its cavity—ten grams ( $\frac{1}{2}$  ounce) more than would have been the case if the dog had taken meat only.

Hence it seems that coffee delays gastric digestion, but account should be taken of a new element in the problem, the influence of coffee upon the nervous system, the stimulation it produces in people who feel a heaviness of the head after eating, and especially of the absorption of sugar which is dissolved in the infusion. Leven has cured some dyspeptics by making them take 120 grams (nearly 4 ounces) of sugar a day, experiments upon the dog having demonstrated to him the powerful digestive influence of this substance, and he concludes that sweetened coffee loses the greater part of its injurious effects.—*Le Progrès Médical*, April 16, 1881.

**VITREOUS PHLEGM.**—The following is from *l'Union Médicale*, of Paris: "M. T., a celebrated physician, was called to relieve a laboring man of a violent cold, the paroxysms of which caused him every instant to fear for his life. He proceeded to the patient's house, felt his pulse and questioned him. The patient could only answer by coughing; he is seized with a frightful paroxysm; he spits up a greenish, thick and transparent matter. The physician looks at him very attentively, and when the patient is in condition to answer, questions him anew: 'Do you not have a continual fever with exacerbations?' 'Yes, Doctor.' 'And a violent headache?' 'Alas! yes, Doctor.' 'And when you cough, a general spasm?' 'If you please?' 'I mean to say, a convulsive movement in all your limbs?' 'Yes, Doctor,' 'Ah!' cries the modern Esculapius, 'what a happy discov-

ery! It is the viterous phlegm, a disease that has been lost for several centuries and which I have the honor to find once more!' 'Ah! Doctor, your satisfied manner consoles me; you find my disease is——' 'Mortal!' roughly answers the doctor. 'Mortal! Ah heaven! What shall I do?' 'Make your will,' is the only consolation Dr. T. gives him, and he goes away, saying to himself along the road, 'Viterous phlegm! Won't I agreeably surprise my colleagues when I give them the happy news!' Could Molière have done better?"

**HELMINTHIASIS SIMULATING CHOLERA.**—Dr. Octave Sirot, a surgeon in the French navy, contributes to the *Lyon Médical* of April 17, an account of a peculiar case observed by him on board the cruiser *Thémis*, near Shanghai, China, in October, 1880. The patient was a cannonier, aged twenty-two, whose previous history was very good. When seen by the surgeon he had been suffering for three days with colic and diarrhoea, most severe at night. The diarrhoea was serous and continued, notwithstanding treatment, until the voice was lost, the surface cold and hiccough with cramps in the extremities were superadded. There was vomiting of whitish matters at intervals. In the afternoon of the second day he vomited a superb lumbricoid. The diagnosis of helminthiasis was then made and a dose of santonine was given. This secured the expulsion of a worm in the stools which were composed of materials similar to those vomited. A second dose of santonine was followed by the expulsion of six more worms and cessation of all the choleraic symptoms. The urine had been suppressed; when the secretion was reestablished after the expulsion of the parasites, it was small in quantity and albuminous. The albuminuria disappeared after a few days, and ten days after he came under treatment he was able to return to duty. The surgeon believes that the entire category of symptoms was due to the lumbricoids, and that it was

not a simple coincidence, and that the success of the treatment by santonine confirms the correctness of his opinion.

**CLOSURE OF ARTIFICIAL ANUS.**—In the *Clinical Weekly*, of Berlin, 1881, No. 8, Graefe (Leipzig) published an interesting operation which he had performed upon a man of thirty years, and by which he successfully closed an artificial anus.

The patient had been previously operated upon for strangulated inguinal hernia. Its contents (the ilium) was found discolored and left in the wound. Gangrene was more decided next day and therefore a proportionate loop of intestine was cut away. The patient recovered with an artificial anus, for which he asked relief in due time, two and a half months later. After some preparation, scanty diet, clearing of intestines, etc., Prof. Hirsch performed the operation in the following manner:

1. Isolation of fragments of intestine.
2. Drawing the ends down and taking each within the grasp of a polypus forceps covered by elastic tubing (branches), thus the escape of contents was prevented.
3. The removal of a V formed piece of the mesentery.
4. The sutures of the intestine, and
5. Their apposition.

Thirty sutures were necessary to unite the mesentery and intestine; the external wound was closed over two drains in each angle. No fever followed, and the patient recovered without accident. L. B.

**THE PLAGUE** (*Journal de Med. et de Chir. pratiques*, April, 1881).—The medical journals have not yet alluded to the plague which has just broken out in Mesopotamia. It is known that this disease returns periodically in the regions to the south of the Caspian sea. The climatic conditions favor it, but still more is its return guaranteed by the convoys of dead bodies of the faithful which are brought for interment in the holy cities; half putrefied, they are transported across the country and

are put into immense charnel houses or necropoles, which are, like everything else in the East, constructed in open contempt of the most common sanitary laws. Happily, in these countries, quarantines are possible. The villages are surrounded by military cordons, the inhabitants isolated; contaminated habitations burned, and the sanitary lines are not broken; whenever any one is found passing these lines he is shot down without pity. This way of doing things, at first sight, seems barbarous, but it is the only form of quarantine possible. It is the only way in which quarantine has given any tangible results; it not only hinders the plague from reaching us, who are far removed from it, but it protects Asia Minor and Russia, which are threatened.

**HYSTORECTOMY.**—M. F. Terrier communicated the particulars of an operation performed upon a woman affected with a fibrosarcomatous and cystic tumor of the uterus to the Paris Academy of Medicine. The operation, done according to the method of Lister, offered this peculiarity, that the bladder was accidentally opened in consequence of adhesions attaching it to the abdominal walls. This accident had no serious consequences. The tumor was composed of about half of the uterus, hypertrophied and filled with fibromas, surmounted by a cyst of the size of an adult's head containing over a quart of sero-sanguinolent fluid. The temperature never rose above  $101\frac{1}{2}^{\circ}$  F., and there was that notable acceleration of the respiration which Dr. Terrier has noted constantly after operations upon the uterus, and which he thinks has not been sufficiently insisted upon. The patient left the hospital at the end of fifty days, the wound not yet quite closed.—*Jour. de Med. et de Chir. pratiques*.

**WHY TOBACCO IS CHEAP IN GERMANY.**—*La Presse Médical Belge*, of March 18, has the following anti-German squib:

"Every year, in Thuringia, there is consumed a thousand tons of beet-leaves trans-

formed into tobacco. The same leaves, as well as those of chicory and of the cabbage, undergo the same metamorphosis at Magdebourg and in the Palatinate. Vevay cigars are of the same. *Sapristi*, the German smokers can't be hard to please!"

## Correspondence.

### CEREBRO-SPINAL MENINGITIS.

#### *Editor Clinical Record:*

Permit me to make the following observations, through the St. Louis CLINICAL RECORD, on a disease now prevailing in this city and elsewhere in the United States, and usually known as epidemic cerebro-spinal meningitis.

First, the name, cerebro-spinal meningitis, as Dr. Clymer well states, "gives no accurate notion of the real nature of the disorder, and takes heed only of the local structural changes which are, probably, secondary and may be wanting."

Valleix also declares that "it is begotten of anatomical bias, and an incomplete appreciation of the facts."

Dr. Alfred Stillé, in his excellent monograph on the disease, says that "our attention is at once arrested by a circumstance which removes it from the category of endemic, and even of epidemic diseases, in the ordinary sense of the latter word, and entitles it to the name, pandemic," but he does not discard the name of epidemic meningitis.

Now, I propose the name, pandemic fever, for the disease. This name does not "take heed only of the local structural changes," and is not "begotten of anatomical bias." It does not misdirect the mind of the practitioner to any special kind of treatment. It does express the truth in regard to the general prevalence of the disease.

Secondly, in the winter of 1872-'73 an epizootic prevailed in this city and elsewhere in this country among the horses.

Later in the same winter, the small-pox prevailed to an unusual extent. This was followed by the pandemic fever (cerebro-spinal meningitis).

Early in the past winter a similar epizootic prevailed among the horses in this city, and in many other cities in this country. Later, the small-pox prevailed in New York, Chicago, and in many small towns and villages in Illinois, Iowa and other States. This has again been followed by the pandemic fever.

I do not claim that there is any identity of cause between these three diseases, but the fact of their having prevailed in such close succession at two different times, is interesting. GEO. W. HALL, M. D.

St. Louis, 3609 N. 9th.

### A QUESTION OF PERSONAL PRIVILEGE.

#### *Editor Clinical Record:*

DEAR SIR:—In the March number of the *Kansas Medical Index*, only lately fallen into my hands, there appeared a scurrilous communication signed "Simeon Seymour Todd, M. D., President Kansas City Medical College," and in which there are certain vile and slanderous charges concerning myself. The reader is, I presume, already aware, that at the request of quite a number of prominent medical men, not only of Missouri and Kansas, but of several other States, I did, in the February number of the St. Louis CLINICAL RECORD, give some account of a very curious instrument called a medical diploma, which has for a term of years been regularly issued here by what is called the College of Physicians and Surgeons of this city, now the Kansas City Medical College. I have been recently informed by some of the faculty of the aforesaid college that that disgraceful document, dignified by the appellation of a medical diploma, was chiefly the work of the aforesaid president and dean of the institution, and he has therefore sought to

cover his ignorance and shame by casting discredit upon me.

Alluding to myself, the said president and dean of the faculty of the aforesaid institution says: "It may be a matter of the utmost indifference to the **CLINICAL RECORD** that this correspondent (myself) is of the lowest social, moral and professional standing, that he is ignorant and vicious, and that respectable people (*i. e.*, the said dean) and respectable institutions (*i. e.*, the said college) ought not to suffer from his hands."

Now I have not the least idea of offending the refined sensibilities of my medical brethren or of violating my own sense of honor and self-respect by the use of any coarse or railing language whatsoever in the few lines which may here follow. It is exceedingly distasteful to me and a felt letting down of manhood to take any notice of the man or his utterances at all. But in deference to many representative and prominent medical men, at whose instance I exposed the said dean's ignorant pretenses, I must condescend to give him a passing notice.

For myself I have no defense to make—the said dean has not the qualities, literary, moral or social, to put any gentleman on the defensive. It is my purpose here simply to state a few *facts of record* which are accessible to all men and women, and then I will allow the reader to answer for himself whether or not any statement of the said dean is entitled to any credit or belief. As regards his asseveration of my "ignorance," I may be excused for the summary statement, that I spent five consecutive years in studying the languages and sciences at Bethany College, Va., where I took the degree of A. B. For five years thereafter I was employed as principal of certain high schools where I taught all the branches which I had previously learned. I attended one full course of lectures at Charleston, S. C., and one full course of lectures at St. Louis, Mo., and received at

the St. Louis Medical College the degree of M. D. In the year 1860, for certain supposed proficiencies in the literary and scientific departments, the president and faculty of Bethany College conferred upon me the degree of A. M. To the medical and scientific journals of the country I have contributed as much—I do not say as well—as most Western men.

With regard to those moral relations and associations which the said dean would deny to me, but which would appear to inhere in him, I may state as another fact of record, that he was not considered a fit person to hold membership in a church known as the Christian Church in this city, of which my uncle, the late Alexander Campbell, was the acknowledged originator and founder, and was, *for cause*, excluded and stands excluded to-day. Of this same church the humble author of these lines has long been and is now an unobtrusive member.

With just as much wit and grace as it is possible for a man to have whose cranium is covered by a hat of about 6½ inches, and whose education was begun and finished in the country schools of Indiana, he bunglingly says of me: "This man, whose home is in Kansas City, charges that the College of Physicians and Surgeons has issued bogus diplomas and pretends to describe one of them." It is true that I have always owned a little home in Kansas City, which I rent at \$3,000 and hold at \$30,000, and it is also true that the said dean was never able to own a home of any kind, notwithstanding he has sought by common quack advertisements to increase his patronage and exchequer. Furthermore, the said dean knows very well that it is not true that I charged the College of Physicians and Surgeons of issuing bogus diplomas, as he alleges, but that I said in the **CLINICAL RECORD**, that what "*appeared* to be a bogus diploma, written in very bad English, *is the real diploma* gotten up and regularly issued by what is called the Col-

lege of Physicians and Surgeons of this city."

The said dean furthermore says that "no reputable person has seen such a diploma, and that I fabricated the entire story." Therefore, yesterday evening, I took with me a notary public to the office of a young doctor who had one of the said dean's diplomas hanging up in his office, ornamented with a beautiful frame, of which I took an *exact copy under seal*. It is a true and veritable diploma of the College of Physicians and Surgeons, the very same kind of a diploma that I described in the CLINICAL RECORD *verbatim et syllabatum, et literatim, et punctuatim*.

It is to be regretted that some good men connected with the Kansas City Medical College still persist in maintaining associations which can be nothing but damaging to them and to the profession.

A. L. CHAPMAN, M. D.

KANSAS CITY, May 10, 1881.

## Extracts and Abstracts.

**INDISCRIMINATE CIRCUMCISION.**—Newton N. Shaffer, M. D., (*Annals of Anat. & Surg.*) enters a strong protest against this recent revival of an old-time custom as a panacea for children's diseases. He states that the operation has been performed many times when no necessity existed for its performance, and that many parents have been led to expect great and permanent benefit when no benefit accrued. Whether the patient suffered from "reflex paralysis" and his condition was one of induced "spinal anæmia," or whether there were obscure symptoms which were, in reality, those of incipient joint or spinal disease, or if a child were microcephalus and lacked coördinating power, or, indeed, if any unexplained or anomalous symptoms presented, the one great remedy with many has been circumcision. He can furnish quite a number of cases where this procedure has been adopted for the cure of what has proved to be incipient hip disease; others have been informed that adherent prepuce caused spinal disease; and he states circumcision

has even been performed for the cure of congenital club-foot! This operation, as well as clitoridectomy, has been performed in a long array of cases, for what has been called "reflex paralysis," when the condition has really been an organic lesion of a great nerve center. Neither Dr. E. C. Seguin nor Dr. Shaffer have ever seen a case of reflex paralysis from genital irritation; many cases diagnosticated as such have proved, on examination, to be instances of lateral spinal sclerosis. Circumcision, in such cases, of course, produced no more effect than it would in ordinary infantile paralysis. The great disappointment expressed by the parents of such children is a fitting comment on the uselessness of such a measure to remedy other than simple local or directly traceable genito-urinary troubles.

It is admitted that this operation is often followed by temporary improvement in cases other than genito-urinary. A case of disease of the cervical vertebræ is cited in illustration. The explanation of this is sufficiently simple: The enforced rest in the recumbent posture, necessitated by the operation, accounts for the temporary improvement in such cases, as well as points out the proper treatment to be pursued. The same may be said of the same phenomenon when it occurs in incipient joint disease.

Although in joint, spinal and central nervous affections, the operation produced no effect whatever, "the patient derived the oft-times questionable benefit of an uncovered glans penis; but the operation was not performed, in these cases, with this end alone in view."

He calls especial attention to the frequency of lateral sclerosis of the cord (tetanoid paraplegia, of Seguin; spasmodic tabes dorsalis, of Charcot; spasmodic spinal paralysis, of Erb), and cites an illustrative case. "The assumption that a coincidental genital irritation has anything to do with this state of affairs is too absurd for contemplation." His concluding protest we cite:

"I wish to earnestly protest against this habit of indiscriminate circumcision. In certain cases, where there is undoubted preputial irritation, the indications for this operation are plain and unmistakable, or when, for sanitary or other reasons, circumcision is deemed advisable, there cannot be any objection to it. On the contrary, much

good frequently results, and many patients have derived permanent relief from incontinence of urine, frequent priapism, etc. But there can be no doubt whatever that in many cases of organic disease, where the symptoms are very insidious, and hence misinterpreted, the operation has been advised and executed as a means of cure where there was no connection whatever between the so-called reflex symptoms and the frequently inferred genital irritation."

**CRIMINAL LUNACY.**—(Boston *Med. and Surg. Journal*, March 24, 1881) In the January number of the *Journal of Mental Science* there is a review, continued from the October number, of papers and discussions on this subject presented to the International Congress of Mental Medicine. Dr. Auzouy discusses the risk of discharging homicidal and epileptic criminal lunatics. He recommends that criminal lunatics should be tried like ordinary lunatics, and sentenced and confined in special asylums for a term at least equal to that of the imprisonment they would have suffered if responsible. Dr. Dagonet refers to the frequency of epilepsy in criminals, and regards its occurrence as of the greatest importance. He thinks that so-called criminal lunatics ought not to be, any more than any other lunatics, subjected to constant confinement merely because they have committed a criminal act. Their having been dangerous once does not imply that they would be so a second time. Dr. Lunier does not think there is so much difference between those who become insane before commitment and those who become insane in prison as might be thought. [The reporter, Dr. Walter Channing, wishes to call special attention to this statement as being contrary to what is often asserted by those who have not had large numbers of both classes under treatment. Those who have, fully indorse what Dr. Lunier says.] He thinks that one-quarter, at least, of the convicts found insane in the prisons were so at the time of being condemned.

He thinks it improper to commit criminal lunatics to ordinary asylums; they should be treated in special asylums, but convict lunatics he considers it more convenient to leave under the care of the penitentiary administration in a special building.

The reviewer, in considering the various papers, thinks Dr. Dagonet expresses too great confidence in the freedom from sec-

ond attacks. Particularly should we guard against epileptics (in the reporter's experience the most dangerous class of insane criminals). The reviewer says that "rather than admit that chances of peril (from epileptics) are so improbable, we always, on the contrary, believe, with Delasiauve, that 'on passing by an epileptic we elbow one who might be an assassin.'" So, also, is it in the highest degree necessary to be on the lookout for the maniacs who "exhibit no intellectual disorder to indicate a threatening danger of the outbreak of fierce violence."

**"MATERNAL IMPRESSION."**—Dr. Frank M. Ramsey, of Knoxville, Tenn., reports the following remarkable case to the *Nashville Journal of Medicine and Surgery*, April, 1881:

Maternal impression once admitted, as I think it should be, if records are properly made, I believe the fact will be established, that at any period during gestation a mother may be impressed so as to leave an evidence on the embryo or foetus.

A negro woman, belonging to my own household, was in the seventh, perhaps eighth month of gestation, when she was thrown from a horse and fell in soft mud, except one leg in its lower third, across a hay-rod, or sapling used to bind hay on a wagon. Twenty-four hours afterward she aborted, the child had a well-defined ecchymosis on its leg, corresponding with the leg of the mother which struck the hay-rod, and the leg of the child was broken, though no mark, even, was made on the leg of the mother. This, occurring under my own observation, is sufficient to cause me to disbelieve that any particular time of gestation is more favorable to cause responsive effect on the embryo and foetus than another.

As the newspapers have it, "Important if true!"

**VACCINATION IN INDIA.**—(*Allg. Deutsche Zeitung für Brasilien*) Although the epidemic of small-pox visited the northwestern provinces of India in a fearful manner, causing 58,800 deaths in the single year of 1878, all attempts at introducing vaccination as a protective measure were resisted by the superstitious natives. These looked upon small-pox as a visitation from a deity, called by them "Sitta," whose anger had to be appeased with special sacrifices and plagues. The faithful Hindoos considered

it an act of impiety to still further incite the wrath of this deity by the administration of unholy medicines or vaccination. In spite of all this, however, vaccination, although under peculiar circumstances, was gradually introduced among the natives. The Thakers, a tribe that still practices infanticide to a horrible extent, first allowed their female children to be vaccinated, being convinced of its fatal termination, and hoping thereby to get rid of this superfluous progeny. All the sons, however, were carefully guarded against inoculation. Small-pox broke out in four of their villages a short time afterwards, which carried off nearly all the boys, whilst the girls escaped the disease. This unlooked-for termination induced the natives to resort to the opposite practice, compelling the boys to be vaccinated whilst the girls were left unprotected. Besides this, a large number of cases were observed where children were concealed by their families from the vaccinators; in almost all instances these died, whilst those vaccinated escaped small-pox. Truly a conclusive evidence of the protective influence of vaccination.—*Cincinnati Lancet and Clinic*.

**JAMAICA DOGWOOD.**—(Dr. H. Brodnax, in *Therapeutic Gazette*) I find that this drug is very much like opium in its effects on the nervous system, except that it does not constipate the bowels or act as a stimulant. It quiets almost immediately, does not leave any sick stomach afterward, and does not interfere with the action of calomel. In obstetric cases it acts the same way—does not interfere with the progress of the labor, but rather helps it by dulling sensibility, like chloroform somewhat. It is almost a cure for sciatica. I tried it in my own family first, and it acted so well that I have used it frequently since in several families, and with uniform success. In a case of piles, very severe, I used it in conjunction with sugar of lead topically, and was surprised at the prompt relief from pain. It is a fine thing in that complaint, as it can be used internally or topically without interfering with other remedies.

**EARLY MATERNITY.**—Mr. Henry Dodd, M. R. C. S. Eng., etc., of Rillington, York, (*London Lancet*) relates that on the 8th of August, 1871, he delivered a child which began to menstruate when twelve months old; at first the periods were a month or six weeks, subsequently the intervals be-

came only three weeks. According to the mother's statement, the child ceased menstruating June 22, 1880, when she became pregnant. In March, 1881, she was delivered of a female child weighing seven pounds. Chloroform was given, and the labor was of six hours duration. The infant had only three toes on one foot, and died in convulsions a short time after birth. This precocious mother is an active, hard working girl, and does all her mother's washing. She has a profuse hirsute growth over the pubis and in the axillæ, her breasts are large and filled with milk. She will be ten years old next August.

**IMPACTED FÆCES.**—Dr. Robert Battey has a practical way of relieving women of hard masses of impacted fæces when for any reason an enema or cathartic fails to do the work or cannot be administered. Instead of distending the sphincter ani muscle and digging out the mass with a spoon or with some such instrument, he breaks it up and presses it out by means of the fingers in the vagina. This may generally be accomplished without any difficulty, or with as little difficulty as by other means. This method is, moreover, less disagreeable both to the doctor and to his patient. It would manifestly be more easily accomplished in cases of women who have been or are parturient.—*Louisville Medical News*.

**ACTION OF BROMIDE OF POTASSIUM.**—Maragliano has found by cranial thermometry that this drug, in doses of from 30 to 50 grains, causes a rise of temperature on the outside of the cranium, to the average amount of one degree, centigrade (1 4-5° F.); it reaches its acme in an hour and a half and declines in two or three hours. There is a slight rise (two or three tenths of a degree) in the axilla at the same time. If this means that there is an increase of cerebral circulation consequent on the ingestion of the bromides, a popular theory of their action must be abandoned.—*Chicago Med. Review*.

**ELIXIR OF SALICYLIC ACID.**—Dr. Wolff (*Am. Jour. of Pharmacy*) recommends the following:

Dissolve one drachm of salicylic acid in six drachms of alcohol and add simple exir (or elixir Curaçoa) q. s. to make a six-ounce mixture. The dose is a table-

spoonful, containing five grains of the acid, the taste of which is well masked. It should not be given with water. The amount of alcohol in this preparation is not contraindicated, but seems to overcome the tendency of the acid to depress the heart. This mixture has been given in small-pox with good results.

#### ABORTIVE TREATMENT OF GONORRHOEA.—

Dr. Kuechenmeister, of Dresden, has found aqua calcis, when properly diluted, extremely serviceable in the first stage of acute gonorrhœa. He uses it in the proportion of one part to four of water, and employs injections, beginning about the fourth day after an impure coitus, and repeats every hour and a half during the entire day. Usually the acute inflammatory symptoms subside after about twenty-four hours, but the copious, painless discharge from the urethra is not lessened, and the treatment, although aborting the first stage, must be replaced during the second stage by the ordinary astringent therapy. Dr. K. prefers, for the latter purpose, a solution of pure alum (10) in water (150), to be injected two or three times daily. He advises great care in handling of the lime-water, to prevent its spoiling by the formation of carbonate of lime, through the access of air. The bottle containing it should be tightly stoppered, and only enough fluid removed to suffice for one injection. Moreover, none of the fluid removed should be returned to the bottle.—*N. Y. Med. Record*, from *Deutsche Med. Woch.*, Aug. 28, 1880.

#### APOMORPHIA AS AN EXPECTORANT.—

Dr. Beck regards this drug as superior to ipi-cacuanha, antimony or preparations of ammonia in the treatment of either primary or secondary bronchial catarrh. It should be given early, when the cough is dry, and only sonorous and sibilant bronchial râles are to be heard. Free expectoration sets in within twenty-four hours, and the moist take the place of the dry râles. In the broncho-pneumonia of children, it should be given during the stage of resolution to aid expulsion of inflammatory products from the bronchi. He doubts its usefulness in acute laryngitis. His formula is as follows: Muriate of apomorphia, one grain; dilute muriatic acid, twenty minims; syrup, one ounce; distilled water, four ounces. Dose for children three to ten years of age, one teaspoonful every hour; for adults, one

tablespoonful every 3 or 4 hours. Given thus, it gives rise to no nausea and does not disturb digestion.—*Canada Med. Record*.

**INCONTINENCE OF URINE IN WOMEN.**—Dr. J. Milne Chapman (*Edinburgh Med. Journal*) relates a case of cystitis followed by incontinence of urine to such a degree that the woman was compelled to urinate every hour. It was found that the bladder was contracted so much that only four ounces of a fluid could be injected without causing intolerable pain. The plan of gradual, forcible dilatation of the bladder was adopted. The viscus was filled to distension daily, the injection being stopped when the pain became great and resistance to the entrance of the fluid reached a high point. This treatment was continued about six weeks, when sixteen ounces could be injected with less pain than had been caused by the first one of four ounces. The urine was normal. Two months later she remained as well as when she was discharged. The apparatus used was an ordinary Higginson's syringe attached to an ordinary catheter, care being taken to prevent the entrance of air into the bladder.

**BLISTERS.**—(*Revue de Therapeutique*) M. Cornil has experimentally investigated the action of cantharides both when administered by the mouth and by topical application and finds cystitis, nephritis and inflammatory lesions of the lungs, liver, larynx and trachea to be produced by either mode of administration. He therefore concludes that large blisters applied to the chest and left on from fifteen to twenty hours are more injurious than useful; in order to avoid injury, they should not be left on more than three or four hours. Prolonged application may not only cause cystitis or nephritis, but inflammation of the bronchi and the pulmonary parenchyma itself.—*Brit. Med. Jour.*

**FOR SICK BOWELS.**—Leonard's *Illustrated Med. Jour.*, Jan. 1881, quotes the following prescription for the disease mentioned:

Caraway seed.....1-64 drachme;  
Goose fat.....1-8 drachme;  
Milk.....1 tenat.

The measures are nearly as difficult to understand as a "pottle" or a "kilo," of recent literature. The author quoted is Hermes Trismegistus, claimed to be the oldest medical writer extant. A "drachme" was equal to 48 grains, and a "tenat" about six-tenths of a quart.

# St. Louis Clinical Record.

EDITED BY

WM. B. HAZARD, M. D.

ST. LOUIS, MO., - - - MAY, 1881.

Office, No. 5 South High Street.

## Editorial.

TO PHYSICIANS.—We mail a large number of this edition of the CLINICAL RECORD to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

### EXPLANATORY.

Owing to change in ownership, this number of the CLINICAL RECORD has been very greatly delayed. After the July number it will appear on or before the 15th of the month. Its policy will undergo no change; it will advocate the highest standard of medical education, will give no countenance to medical shams and impostures, and will be independent of undue influence from any quarter.

Intending to *merit* the support of the entire profession, we ask the aid of all intelligent medical practitioners. Short, practical papers on medical topics, items of professional interest and subscriptions are solicited from every section.

It should be remembered that the CLINICAL RECORD is not the organ of any clique or party, but a strictly independent medical journal.

### TRADE-MARKS AND ETHICS.

There has been considerable discussion relative to the ethical propriety of the prescription of pharmaceutical preparations, protected by trade-marks, by physicians.

This controversy has had its origin in that section of the Code of Ethics of the American Medical Association which forbids the countenancing of secret nostrums by the profession and condemning the patenting of any instrument or formula by a physician. The latter proscription we have always thought to be unwise, to say the least. We see nothing more reprehensible in the patenting of a new device in mechanical surgery or gynecology than in the use of the instrument the manufacture of which is covered by letters patent.

The same principal is operative in the use of an article, pharmaceutical or otherwise, covered by a trade-mark. If the manufacturer maintains the purity and quality of the preparation thus protected, the user has a guarantee thereof. If he should, on the contrary, allow the article thus protected to deteriorate, the purchaser soon learns the fact and the trade-mark becomes a protection against purchasing a fraudulent or worthless preparation.

The objection is raised that physicians, by ordering such preparations, abdicate one of their high prerogatives—that of prescribing for a given case. This they do every time they prescribe an officinal mixture like Dover's powder, camphorated tincture of opium or compound soap pill, as much as when "Bromidia" or "Lactopeptine" is ordered.

The use of ready-made formulæ is not to be commended, generally speaking, but routine practice is the rule and will be so long as medical education remains at its present level. We know some physicians who never prescribe except they follow some set formula; men whose note books are full of prescriptions "good for" this, that, or the other disease. Our book shelves are burdened with "books of prescriptions," and a large number of standard works are crowded with *recipes* and devote a score of pages to a supplementary array

of formulæ. So far as adapting the prescription to the case in hand goes, it matters little whether the physician use Bartholow's new combination of anodyne agents or Battle's Bromidia or Parke, Davis & Co.'s Chlor-Anodyne. We have used each of these, in cases to which they were suited, with as much satisfaction as we have any of the official compounds. It is possible that we have been guilty of a grave infraction of professional ethics when we ordered the two last named, but our patients have been benefited and we are ready to assume whatever responsibility may be connected with such prescribing.

We have always thought the Code to be correct in its proscription of all secret nostrums, yet a word may be said in favor of some of these "blackest of black sheep." No one knows the secret of the composition of curare, yet the victim of tetanus saved from a horrible death by its means, no more than his successful medical attendant, would feel justified in rejecting its aid simply because the South American Indians refuse to disclose its composition and mode of preparation. The martyr to neuralgia is thankful for the ease conferred by the Fijian "Tonga," although his medical attendant cannot learn from what botanical species its components are derived. The physician himself will care but little, so long as his patient recovers, even should the man-eating savages keep the secret of its composition for half a century longer. Warburg's tincture cured a multitude of rebellious malarial cases, incurable by any other known means, before its originator gave the formula to science and filled a pauper's grave in consequence.

We have no purpose to defend the use of secret nostrums—on the contrary, we oppose it on every possible occasion—but we do say that physicians have a right to use every available measure to combat disease, secure the comfort of their patients and reach the end and aim of medical art: the

cure of the sick. To this end the use of patented instruments, of trade-mark preparations, of the patient's imagination, and even of a "secret preparation" may be justified.

## Bibliography.

THE PRINCIPLES AND PRACTICE OF SURGERY. Being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M. D., LL. D., Professor of Surgery in the Medical Department of the University of Pennsylvania. Large 8vo. pp. 1066; profusely illustrated. Vol. II. Philadelphia: J. B. Lippincott & Co. London: 16 Southampton street, Covent Garden. 1881. St. Louis: Book & News Co. Cloth, \$7 50.

In perusing this second volume of Prof. Agnew's great work on surgery, we have an approximative idea of the vast labors bestowed upon the subject by the author. It is an Herculean task and his diligence and energy have proven equal to it. No individual effort could surpass this work in thoroughness, completeness and accuracy. We do not mean to say that it is perfect in all its details; it presents its vulnerable points and exhibits its pet subjects to advantage, like other publications of this kind, but obviously in a less degree than those we are acquainted with. Whilst we are disposed to acknowledge cheerfully the great merit of the author, we entertain, nevertheless, some grave doubts as to the practicability of the design which underlies the work. Professor Agnew proffers a greater measure of surgical instruction than the student or general practitioner needs or has the time to convert into *succum et sanguinum*, and as a work of reference to the advanced surgeon, it lacks completeness of material, of literary reference and critical analysis. It obviously aims at practical simplicity based on rational grounds such as beginners and the hurried practitioner stand in need of, yet it leaves too many problems which but

the matured inquirer could attempt at solving.

The opinion gains more favor every day that works of scientific and practical completeness, adapted for reference, can only be produced by a combination of monographists to whom the task of elaborating single subjects is assigned. By this plan alone can the object of fully presenting the varied parts be attained. This plan has been wrought out in Holmes', partly in Erichssen's Surgery, and has been likewise adopted in France and Germany.

Surgery expands over too large a field of positive knowledge and advances too rapidly in every direction to be cultivated and elaborated by a single individual, however diligent and well qualified he may be. It invariably happens that when an individual writer arrives at the middle of his task, the beginning has already been superceded by new discoveries and observations which render it more or less obsolete or controverted. This same experience has been made by another author who lives at no great distance from Philadelphia. Even in the hands of Prof. Agnew the subject has grown to gigantic dimensions, so much so that a third volume will be required to reach the end.

In some parts of the present volume the cool and deliberate composition is replaced by notable haste and questionable logic. If time and space would permit, we could enlighten the author on some rather conspicuous defects. To mention but one: the author has assigned to the strumous diathesis a very influential position as a pathogenic agent, yet, like many writers he does not acceptably define this much dreaded "*dæus ex-machina*." Its definition falls short of its prototype; there is no pathological anatomy evolved as specifically belonging to the so-called scrofulosis, and the treatment suggested is either negative or of general character. Although he enters upon a decided controversy with the traumatists, yet when he has to meet a practi-

cal question he calmly adopts their means and methods, without acknowledging the logic of his own observations. Thus, on page 160 he says that children afflicted with the so-called strumous arthritis, they "possess but little capacity to endure the exhaustion attending this form." We do not think that any child, whether or not tainted by the strumous diathesis, can stand purulent infection or the waste inseparable from a suppurating joint. He further maintains that favorable surroundings of the patient increase the chances of his recovery. Certainly, but what does this prove in favor of his ætiological theory? If favorable domestic surroundings fail to prevent struma from producing local manifestations they certainly cannot cure a disease thus developed. When the author is in full career and in battle arrayed against the constitutional enemy, his front consists of quinine, tincture of cinchona, cod-liver oil and, under certain conditions, iron and anodynes. The old humoralists had the theory and a consistent treatment. They besieged the enemy in its scrofulous fortifications by withholding sustaining supplies and driving it out of its quarters by mercurial and antimonial bombshells, while they ignored the local exigencies of the case. The author, however, is far too kind to pursue the warfare of extermination; he feeds both the patient and the enemy within and kindly busies himself in spiking the guns of his adversary. In this respect he is a perfect Moltke. In resorting to absolute rest and immobilization of the affected joint, on page 161, he tells us these means are more capable of successfully coping with "the ravages of this disease," and timidly admits that in "more robust natures internal medicine is of little importance." Now for the logic of this statement: According to the author, medicine may be dispensed with in the treatment of strumous arthritis because it is "of little importance," either there is no enemy to attack or the forces at our command are ineffectual so far as struma is

concerned. If rest and immobilization are effective in locally dislodging the enemy, then it is as clear as daylight that the disease is of local origin and maintained and advanced by the improper use and disturbance of the affected articulation, or does the author assume to cure hereditary viciation of the entire nutritive apparatus by plasters, leather splints, or any mechanical contrivance which he may select for external use? Are not all manifestations of constitutional diseases multilocular! Why, then, does he ascribe to constitutional troubles a monocular affection which begins, develops and terminates its existence at one and the same locality? Or does he confound the ulterior results of a monocular disease with the preëxisting causation in the constitution? Then he ignores his own teaching; he blots out the excellent maps in his work which demonstrate the effects of self-infection from recent and suppurating wounds, then he ignores likewise the valuable information derived from the experimental injection of infectious material by Villemin and others. If anything, they prove that tuberculosis is frequently the work of absorption of decomposed matter and explain the coincidence of pulmonary phthisis with protracted articular diseases much more rationally than Gross has done by inherited struma. The author most emphatically pronounces against counter-irritation, upon which the ancients laid so much stress, in the local treatment of strumous affections, for he has "never witnessed the salutary effects claimed." "Indeed," he continues, "I do not think that any local treatment, except rest, exercises much influence over the disease." Nevertheless, and by way of compromise, he allows "a few strips of vesication, three or four inches in length," made by "a solid stick of silver" or the use of "compound solution of iodine over the joint."

Does the author think that this blistering and the establishment of a new drain upon the system will increase "the capacity to

endure the exhaustion attending this form of arthritis?"

The author is a very clear-headed and diligent observer, which he manifests in every part of his book, yet the strumous theory has so firm a hold upon his mind that it amounts to the force of a religious dogma. Everything has to yield its form and character to the prevailing idea. Thus he tries to vanquish the traumatic origin by adducing the fact that angular curvature of the spine happens "long before the child is exposed to any external violence."

We admit that "maternal affection is fully able to protect its offspring against injury," and for this very reason antero-posterior curvature in infants is extremely rare, but infancy is not exempt from accident, as we presume the author has learned from some of his cases. He will admit that the fall from a cradle is rather of frequent occurrence and that fractures happen when the mother or nurse falls with the child, or the latter is inadvertently permitted to fall. At least, we can adduce such cases in a much more limited practice than that of the author.

Again he says, "the children who suffer from Pott's disease are given to a more quiet, retiring and thoughtful mode of passing time." Of course they are, and they have very good reason to be so, when movement or the slightest jerk or push from their playfellows causes them distress; for this very reason they shun the company of other children and nestle around their mothers or nurses for protection and rest. A child in such a condition could scarcely be expected to show the impetuosity of its temperament. The antecedents alone could disclose the true character of the child.

Again, the author assumes the fact that boys and girls suffer about equal in frequency from this affection, without adducing statistical evidence. From experience we deny the allegation, but even conceded, it could not be considered proof against traumatic origin—since angular curvature

occurs at the tender age at which sex exercises no marked influence, and when infants, irrespective of sex are equally ignorant of danger and equally venturesome.

Finally, the author contends that the ancestry of such patients almost uniformly reveals antecedent tubercular or strumous history. This is, of course, the old theory of the venerable Delpech and Nelaton, which we hope has pretty nearly run its course.

The traumatists rest their case that in almost all cases of Pott's and joint diseases injuries to the affected part have preceded, and that the most efficacious and only reliable treatment of them consists in strictly mechanical measures insuring rest and position. We challenge the author to adduce one single evidence to the contrary.

We must conclude here, however inclined we may feel to extend our critical remarks over other portions of the work. With all its shortcomings the work of Prof. Agnew ranks among the best publications on surgery in the English language and it certainly deserves a place in the library of practitioners who lay claim to surgical proficiency. The typographical outfit of the work is in full keeping with its instructive character.

L. B.

**DRUGS THAT ENSLAVE.** The Opium, Morphine, Chloral and Hashisch Habits. By H. H. Kane, M. D., New York City. 12mo. pp. 224, illustrated. Cloth, \$1 50. Philadelphia: Presley Blakiston, 1012 Walnut st. 1881. St. Louis: H. R. Hildreth Pr't'g Co.

The author gained for himself a very favorable reputation as an accurate observer, terse and vigorous writer and able reasoner by his book on Morphia Hypodermically, issued some time since. The work under consideration will add to this reputation and, at the same time, do much good. It will serve to arouse the profession to the dangers of indiscriminately prescribing the seductive "drugs that enslave," and will point out the best methods

of enabling the victims to throw off the yoke of their thralldom.

The major part of the volume is taken up with the opium and morphine habits. Especial attention is called to the increasing use of the hypodermic syringe as a means of introducing morphia into the system by those who have acquired the habit, and he gives the strongest possible warning against teaching any patient the use of this instrument. He considers the physician who does so as criminally careless, if he knows the danger, and as culpably ignorant and deserving of punishment should he not appreciate the danger of thus placing the agent of destruction in the hands of the patient.

He is strong in his condemnation of druggists who sell these poisons without a physician's prescription, and of the newspapers which advertise the so-called "opium cures," which are, without exception, preparations of opium or its derivatives.

The use of chloral is not so apt to induce the formation of the habit, but there is a real danger here, as he very clearly demonstrates. The symptoms and modes of treatment are very well given. We regret he has not investigated the chloroform and ether drinking habits. Cases are rare but are occasionally met with.

The hashisch habit is considered in brief. Cases are infrequent in our climate, Dr. Kane having seen but one.

We regard this book with much favor; it has some faults which a revision will correct. Thus, on page 42, he writes with reference to the effect of opium upon the generative functions: "A patient of mine, a lady who had used opium by the mouth for sixteen years, found her virile power during and at the end of that time in no way impaired. If anything, it was increased." Important, if true—as the reporters have it—and calculated to increase the consumption of morphia alarmingly among the "strong-minded," were the fact published in the daily press!

The author is opposed to the *sudden* withholding of all opiates in the treatment of morphinism. Although the reports of the success of this plan are very numerous, his one case in which it was tried presented such alarming symptoms that he is not disposed to test it again. It is probable, however, that there are a large number of cases which can thus be treated with advantage, time and suffering being greatly abridged. Of course, each case must be treated according to the indications it presents, as in every affection met with in practice. Two cases treated by the reviewer by withdrawing the drug at once, recovered without any such intensity of suffering as described by Dr. Kane.

The book is worthy of a wide circulation and careful study.

**CONSTIPATION, PLAINLY TREATED, and Relieved without the use of Drugs.** By Joseph F. Edwards, M. D., author of "How a Person Threatened or Afflicted with Bright's Disease *Ought to Live*." 16mo. Price 75 cents. Philadelphia: Presley Blakiston, 1012 Walnut street. 1881.

The author is firmly convinced that much disease and discomfort would be avoided, and a better state of general health and longer life would result if people would secure regular evacuation of the bowels. His Nestor, Hon. Eli K. Price, who played so important a part in that "firstling of genius," "How a Person Threatened or Afflicted with Bright's Disease *Ought to Live*," is brought again to the front, and relates the case of a gentleman *eighty* years of age, who, apparently, is a shocking example of the way constipation shortens life. The author himself cites the case of a lady of *sixty* who did not always seek the water-closet when she felt so inclined, as another example of the same kind. On page 44 Judge Price is again brought upon the scene, to say that he takes care about what he eats and never takes any medicine *unless it is necessary*, therefore he has lived to be *eighty-four*; a balance of four years in his

favor compared with his friend who never bothers himself about his bowels! In a few years Dr. Edwards will have to write a book to let us know how the Judge and his friend come out at the end of the race.

On page 46, the author fearlessly enunciates this fundamental principle: "Without a daily free evacuation from the bowels perfect health is impossible." Dr. Edward knew that he was writing nonsense when he penned this. Indeed, he states that many persons are able to get along very comfortable with an evacuation every second day, and we have no doubt even longer intervals are possible without any serious harm.

We recognize the utility of daily regularity of the bowels; we have witnessed a vast amount of discomfort and actual disease arising from constipation, but we do protest against constipation, in itself, being exalted to a preëminent position among the causes of disease. Like many other derangements, it is very frequently the *result* of some other affection, not a primary cause of "all the ills that flesh is heir to."

This little book contains a good deal of good reading for the laity for whom it is intended. It will certainly do no harm. The hygienic hints it contains will be of much service.

It is very neatly printed on good paper and the binding is pretty.

**HYDROPHOBIA.** By Horatio R. Bigelow, M. D., of Washington, D. C. 8vo. pp. 154. Cloth, \$1. Philadelphia: D. G. Brinton, 115 South Seventh street. 1881.

This is the first monograph by an American author on the subject. It is, therefore, a work of more than ordinary interest. We have given it a thorough examination and are pleased to be able to express our commendation. The literature of the subject has been carefully digested and the latest and best authorities quoted as extensively as the limits of a short, practical treatise would permit.

The author is convinced that this disease is primarily one of the blood; that the

poison is a ferment that interferes with the normal action of the red blood-corpuscles; and that the nervous manifestations are purely secondary. He is very hopeful of future investigations furnishing a therapeutic process for the control of the disease, and thinks that in the hypodermic use of curara and the inhalation of oxygen we have, already, the means of successfully combating this formidable affection, and the early use of jaborandi is referred to somewhat hopefully.

This book should be read by every physician, for it is well written, is fairly complete and contains important suggestions relative to the prophylaxis of this terrible affection. The publisher has presented the work in excellent style.

**A MANUAL OF DISEASES OF THE THROAT AND NOSE.** By Francke Huntington Bosworth, A. M., M. D., Lecturer on Diseases of the Throat in Bellevue Hospital Med. College, etc. 8vo. pp. 427. New York: Wm. Wood & Co. 1881. St. Louis: H. R. Hildreth Printing Co. Cloth \$8 25.

In the work before us we have evidence of well directed labor in the field of one of the most important of medical specialties, for the author gives us a book as instructive as it is interesting, not alone to the specialist, but to the general practitioner as well.

The author's position as lecturer at Bellevue has afforded him many opportunities for studying his favorite branch, and the decidedly practical manner in which he presents the result of his observations and practice stamps him as a common-sense writer and one who has the interests of the profession at heart.

The classification of nasal and throat affections has, in the hands of many writers, been made a somewhat complicated matter, so much so, that the ordinary physician quails before the magnitude of mastering the many-sided problem, but, in Dr. Bosworth's work, we have a sample of *business* arrangement in the simplicity and thorough-

ness of the classification, the mastering of one page, which he has arranged as a summary, serving as a basis for the easy comprehension of all subjects treated.

We are glad to note the author's well-timed remarks in regard to the effect of the use of tobacco, a subject so much written about and so little understood, and we heartily agree with his views on the subject, for our own observations, for many years, among singers and elocutionists, have lead us to adopt the same line of reasoning.

The article on mucous membranes is alone worth the price of the work to one who would gain a knowledge of the *why* of the various throat ailments, and the concise views on the subject of inflammations in general could be read with profit by every lover of medical science.

Not the least important point in commendation of the work is the faithful narrative of treatment and the excellent formulæ interspersed throughout the work, as well as those grouped in the appendix, for while we may in general call such material routine practice, it is, at the present day, a positive necessity to the mass of practitioners.

P. H. C.

#### REPORT ON TRICHINÆ AND TRICHINOSIS.

Prepared under direction of the Supervising Surgeon-General, U. S. Marine Hospital service, by W. C. W. Glazier, M. D., Assistant Surgeon Marine Hospital Service. Published by order of Congress. 8vo. paper, pp. 212. 87 woodcuts. Washington: Government Printing Office. 1881. From the Supervising Surgeon-General.

The recent panic in Europe arising from exaggerated reports of the presence of trichinæ in American pork and the consequent exclusion of our dried salt meats from many trans-Atlantic markets has aroused a wide-spread interest in the subjects considered in Dr. Glazier's Report. It is well prepared, is well written and contains a very complete *resumé* of our knowledge of this parasite. We look in vain,

however, for any new facts or important addition to the information already before the medical world.

There are some suggestions as to the line of inquiry to be pursued by future investigators as regards the origin of the disease in swine and the mode of its propagation among these animals.

As a means of diffusing among the profession and people a proper knowledge of the affection, the work will probably prove of considerable value.

**A MANUAL OF THE PRACTICE OF MEDICINE.** Designed for the use of Students and the General Practitioner. By Henry C. Moir, M. D. 12mo. pp. 455. New York: 1881. From the Author. Cloth, \$2 50.

Dr. Moir's little book will have a large sale, we presume, for it is the best of its class. Every student who wishes to "cram" for an examination will find in it just what he is in search of. The "quiz master" will find this manual a labor-saver of a very reliable character. We have no doubt that a lecturer on practice would find this a ready means of refreshing his memory when unable to prepare one by reason of press of business or sheer indolence.

The author has arranged his materials to the very best advantage. We quote from the preface:

"The arrangement of this volume is intended, as far as possible, to assist the reader to master in succession (1) the general basis on which the symptoms of disease are divided; (2) all the diseases which may be met with in each of the various organs or tissues; (3) the *more important* symptoms of disease and their etiology; and (4) the special points pertaining to the diagnosis and prognosis of individual forms of disease."

The author has bestowed a vast amount of labor upon his little book and has produced a volume which will be found useful by a large class—especially of students. Such books we never commend, for, as a rule, they are the enemies of honest study and tempters to idleness and superficiality.

There is an ever growing demand for such "ponies," and Dr. Moir's is as little objectionable as any we have seen.

A large number of prescriptions are brought together at the end of the book. They have the appearance of being designed for the use of the laity, for we find among them such titles as "Clap," "Crabs," (p. 415) "Horrors," "Hooping Cough," (p. 420), etc. On page 418 is the following prescription for erysipelas: *R* Vin. ipecac. fl. ʒss. Sig. gtt. every 2 or 3 hours in water. This is certainly a peculiar line of treatment.

The book is well printed on excellent paper and is handsomely bound.

#### LITERARY NOTES:—

*THE Popular Science Monthly* for May, contains sixteen articles of general interest, several of them illustrated, besides the usual editorial departments. Those of special value to physicians are: Mineral Springs of Saratoga, Eyes and School-Books, by Prof. Hermann Cohn, Color-Blindness, The Eucalyptus in the Roman Campagna, by H. N. Draper, and a Sketch of Prof. Edward D. Cope, with fine portrait. There is no physician in the country who would not be benefited by reading this valuable journal. Published by Appleton, of New York. Subscription \$5 per annum, 50 cents a single number.

*THE North American Review* for May contains eight valuable papers: Centralization in the Federal Government, by David Dudley Field, who raises a cry of alarm which might well be heeded by our people; The Old Version and the New, by Rev. Dr. Philip Schaff, who gives a succinct history of King James' Version of the Scriptures and that just placed before the world; The Needs of the Supreme Court, by Walter Strong, late justice of that high tribunal; Utah and its People, by George Q. Cannon, who presents the Mormon side of the question of Mormonism in a powerful and—almost—convincing manner; Shall Ameri-

cans Build Ships? by the great ship-builder, John Roach, who answers the query in the affirmative, as we all ought to answer it; The Life-Saving Service, a powerful plea for a too little regarded branch of public service, by Hon. S. S. Cox; the Seventh Part of M. Charnay's most interesting series on the Ruins of Central America; the last paper is a clever satire on Spencer, Mill & Co., entitled What Morality Have We Left? by a New-Light Moralist. The *North American*, under the management of Allen Thorndike Rice, gains in public favor with every issue. Subscription, \$5 a year; single number 50 cents. Published by D. Appleton & Co.

THE *Illustrated Scientific News*, a Record of the Sciences and their Application in the Arts and Industries, is a very valuable and attractive monthly of thirty-two pages. The May number is illustrated with engravings of cut-glass table-ware, the new form of scales for weighing without weights, of the geological origin, preparation and applications of asphaltum, the new velocipede hand-car, for use on railway tracks, tropical birds, the gorilla, and a number of other subjects of great interest to every intelligent person. Published by Munn & Co., 37 Park Row, New York, at \$1 50 a year.

THE *Annals of Anatomy and Surgery* is the revised name of the *Annals of the Anatomical and Surgical Society*, of Brooklyn, N. Y. This is really one of the handsomest and best of American medical publications. The current number is mostly devoted to tracheotomy, and is exceedingly valuable. Published at 28 Madison street, Brooklyn, N. Y., at \$2 a year.

DR. RANNEY has not sent us his(?) reissue of Pattison's translation of Masse's Atlas of Anatomy. We intend to notice it, however, and trust our disinterested generosity will be appreciated—if not by the author(?)—by the medical public.

"AMERICAN NERVOUSNESS," by that prince of advertising doctors, Dr. Beard, shall

also be reviewed, even though its distinguished(?) author should persist in slighting us.

#### BOOKS & PAMPHLETS RECEIVED.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M. D., Lond., Phys. to Charing Cross Hospital, etc. Fourth American, from the fifth revised and enlarged English edition. 8vo. pp. 347, with 138 fine engravings. Cloth, \$2 25. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Pr'tg Co.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, Especially in Women. By S. Weir Mitchell, M. D., Physician to the Orthopaedic Hospital, and Infirmary for Diseases of the Nervous system of Philadelphia, etc. 12mo. pp. 238, with five plates. Cloth, \$1 75. Philadelphia: Henry C. Lea's Son & Co. St. Louis: H. R. Hildreth Pr'tg Co.

#### Miscellaneous Notes.

DR. SPITZKA's report on the Redemair case will appear in the June number. Delay in securing the engravings with which it is illustrated must be our excuse for the late appearance of this important contribution to medical literature. The number will be issued as soon as Dr. Spitzka is able to return the proofs with his approval.

LACTOPEPTINE continues to hold its well-earned position as one of the very best remedies in the digestive disturbances so frequent in the hot season. In cholera infantum, especially when combined with bismuth, it will be found one of our most trustworthy remedies.

LISTERINE is a new combination of antiseptic agents which will, we are confident, give satisfaction whenever tested. We have subjected it to trial and find it more effective than carbolic acid and free from unpleasant odor. We shall be glad to receive reports of experience with it.

**EUCALYPTOL** is steadily growing in favor with surgeons. The latest convert is the illustrious apostle of the antiseptic method, **JOSEPH LISTER**. As we predicted, a year since, eucalyptol will be the antiseptic of the future. It needs only to be tested to be adopted. We shall devote more space to this subject in our next issue.

**THE "HAMMOND PRIZE" OF THE AMERICAN NEUROLOGICAL ASSOCIATION.**—The American Neurological Association offers a prize of five hundred dollars, to be known as the "William A. Hammond Prize," and to be awarded at the meeting in June, 1882, to the author of the best essay on the *Functions of the Thalamus in Man*. The conditions under which this prize is to be awarded are as follows:

1. The prize is open to competitors of all nationalities.

2. The essays are to be based upon original observations and experiments on man and the lower animals.

3. The competing essays must be written in the English, French or German language; if in the last, the manuscript is to be in the Italian handwriting.

4. Essays are to be sent (postage prepaid) to the Secretary of the Prize Committee, Dr. E. C. Seguin, 41 West 20th street, New York City, on or before February 1, 1882; each essay to be marked by a distinctive device or motto, and accompanied by a sealed envelope bearing the same device or motto and containing the author's visiting card.

5. The successful essay will be the property of the Association, which will assume the care of its publication.

6. Any intimation tending to reveal the authorship of any of the essays submitted, whether directly or indirectly conveyed to the committee or any member thereof, shall exclude the essay from competition.

7. The award of the prize will be announced by the undersigned committee, and will be publicly declared by the President

of the Association at the meeting in June, 1882.

8. The amount of the prize will be given to the successful competitor in gold coin of the United States, or, if he prefers it, in the shape of a gold medal bearing a suitable device and inscription.

Signed:

F. T. MILLS, M. D., Baltimore;

J. S. JEWELL, M. D., Chicago;

E. C. SEGUIN, M. D., New York.

**QUARANTINE AND SYSTEMATIC MEDICAL INSPECTION.**—(*Popular Science Monthly*, April, 1881) The *Lancet* denies that there is any value in the ordinary practice of quarantine. The reasoning on which the system is founded is plausible and seductive, but it is impossible to make it practically efficient. Contraband—the secret escape of infected persons and goods through the lines—is one of its commonest accompaniments, and most often defeats its purpose. "Moreover, in all great extensions of disease, the initial extension has generally occurred before the danger was anticipated, and the imposition of quarantine has taken place after the mischief which it was designed to avert had been accomplished? Quarantine is generally credited with having prevented the extension of the recent plague from the Volga to Europe, but wrongly; though enforced, it did not prevent the conveyance of the pest from Persia to Russia; and it had no effect upon the transmission of the disease from the Volga, for the plague had practically ceased to prevail before any measure of quarantine was adopted. It has been, in fact, an evil, both on account of its futility and because it has diverted attention from a true means of preventing infectious disease. "In so far as it may have contributed to a clearer knowledge of the conditions under which the isolation of persons and things is desirable and may be advantageous, and of the hygiene of ships and of masses of persons, such as pilgrims and emigrants, journeying both by sea and by land, quarantine may indirectly have yielded certain advantages, but advantages wholly disproportionate to the cost at which they have been gained, and which were attainable in a much simpler and more effective fashion." England and Denmark have ceased to rely upon quarantine as a protec-

tion against infection, though they still keep up the forms in order to obviate disabilities that would be imposed on their shipping by other governments which adhere to the practice. The system of medical inspection and the general sanitary administration take its place in England. The sanitary administration is so devised that every district, whether inland or on the coast, is enabled to deal with infectious disease, coming from whatever source, in the most efficacious manner. The sanitary authorities of the parts are, moreover, given power to inspect medically persons arriving in ships from infected places, remove and isolate the sick, and use whatever processes of disinfection may be deemed necessary. Experience has shown that this system "does all that the most efficient quarantine can be hoped to do, and that more effectually, without involving those grave hardships to individuals and interruptions and disturbances to commerce which have arisen and must arise from quarantine."

**THE BUSY PRACTITIONER.**—(Chicago Med. Review) There is a mysterious personage who makes his appearance in the review columns of the medical journals, who does not have time to read anything, and for whose special accommodation works are prepared of great brevity and conciseness, in which everything of importance is omitted. He is a very valuable creature to the reviewer, for he enables that impartial personage to "damn with faint praise" some work which the latter does not feel justified in commending. After a particularly severe review usually appears the redeeming sentence, "it is likely to be of value to the busy practitioner." The "busy practitioner" usually reads all sorts of trash, and to his notice is usually commended some book which the reviewer has been prevented from reading by the reputation of the author, or has felt too lazy to peruse. He must be a much enduring creature, this busy practitioner, as his notice is frequently called to a book as particularly suitable for him, whose author has been all but called an idiot by the reviewer. It is unfortunate, however, that this personage is but seldom met with. The busy practitioner generally encountered has his wide circle of journals to peruse, and usually finds time to peruse the most extended text books. "The busy practitioner" of the reviewer is, how-

ever, a very useful creature, and if he does not exist, ought to, as he appears altogether indispensable to the reviewer.

**TREATMENT OF BRIGHT'S DISEASE.**—Dr. Salisbury (*Virginia Med. Monthly*) recommends the following tonic in cases of Bright's disease which do not bear quinine well on account of its over-stimulating a very much enervated heart:

**R**

Fluid ext. of Ladies' slipper.... $\mathfrak{z}\text{iv}$ ;  
 " " trifolium latens... $\mathfrak{z}\text{iiiss}$ ;  
 " " arbor vitæ..... $\mathfrak{z}\text{iss}$ ;  
 " " anise seed..... $\mathfrak{z}\text{ss}$ ;  
 " " witch hazel..... $\mathfrak{z}\text{iss}$ ;  
 " " rosin weed..... $\mathfrak{z}\text{j}$ ;

Oil of anise.....gtt.  $\text{x}$ ;

" peppermint.....gtt.  $\text{x}$ .

**M. Sig.** Take a teaspoonful before each meal.

The tonic should be changed every three or four weeks.

**THE North Carolina Medical Journal** gives all its surplus earnings to the Board of Health of that State, which receives only \$200 per annum from the Legislature. Dr. Thos. F. Wood, the genial editor of that excellent journal deserves the hearty support of the profession of the Old North State, even though he permits Dr. Grissom to occupy more of his space than he ought.

CONGRESS gave the National Board of Health the princely sum of \$50,000 and forbid it to use any of its unexpended appropriation. The National Legislature, evidently, puts very little confidence in the capacity for good of that hybrid board. For our own part, we have yet to see those remarkable benefits we were promised when it was first organized.

**DR. GEO. C. CATLETT**, Superintendent of the Missouri State Lunatic Asylum at St. Joseph, strongly favors the cottage plan of building institutions for the insane. "The world does move."

**A RESPECTABLE FEE.**—Professor Charcot is said to have received recently twelve thousand roubles (about nine thousand dollars) for a consultation visit to Moscow. —*Philadelphia Medical Times*.

# ST. LOUIS CLINICAL RECORD.

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## Original Communications.

### REPORT OF THE EXAMINATION OF THE BRAIN OF HENRY J. REDEMEIR.

BY EDWARD C. SPITZKA, M. D.,

Late Professor of Comparative Anatomy and Embryology, Columbia Veterinary College; Curator and Pathologist to N. Y. Medico-Legal Society;  
W. and S. Tuk-Prize Essayist;  
Hammond Prize Essayist.

1. *Condition of Preservation of the Recent Specimen.*—The brain, as a whole, was in a good state of preservation. The surface of the cerebral hemispheres and of the isthmus, had hardened to some extent in the course of the transportation, and no difficulty was experienced in making the naked-eye dissection of the parts. Here and there softening of the sub-endymal tissues had taken place. The discoloration of one of the thalamic tubercles, mentioned in a previous informal communication,\* was shown, on subsequent examination, to be partly due to the exposure of the deep gray of that ganglion through surface erosion, and to the hemorrhagic suffusion of that region, which was evidently attributable to the mode of death. The hardening of the tissues was completed in a bichromate of potash solution. In many regions of the cortex the most superficial parts were over-hardened, this being evidently due to the use of the necessarily concentrated solution accompanying the specimen in transportation. The ependymal layer, therefore,

crumbled under the knife in many places. Otherwise, the cortical tissues were in fine preservation, and many of the specimens derived from Redemeir's brain are so perfect that I employ them in my demonstrations to pupils. I was less fortunate with sections from the pons and oblongata. On the one hand the basilar faces of those parts had been over-hardened and were friable, while the subendymal portions had not hardened at all. This, in view of the asymmetry existing in these parts, observed on examining the intact organ, was extremely unfortunate.

2. *Pathological Appearances.*—The surface of the brain being discolored by the preservative fluid, little could be noted of the naked-eye appearances. The vessels everywhere were moderately engorged, and at the floor of the fourth ventricle, three small sub-endymal hemorrhages were noted. These appearances are all to be brought into connection with the mode of death.

The endyma of the lateral and the fourth ventricles presented a decided ground-glass appearance. This was most marked in the region of the *alæ* and of the *striæ cornææ*, where larger granulations were found few in number and very transparent.

For reasons that will appear, the posterior portion of the right hemisphere was not dissected. Dissection of the remainder of the cerebral hemispheres revealed the existence of five small serous cysts. Four of these were found in the left hemisphere, as follows: 1st. A cyst of a round shape measuring eleven millimeters in the largest diameter, about sixteen millimeters from

\* St. Louis Clinical Record, May, 1881.

the apex of the occipital lobe, and above the imaginary line of prolongation of the posterior ventricular cornua. 2nd. A cyst of an oval shape measuring five millimeters in length in the white substance of the second temporal gyrus. 3d. Two round cysts deeply situated in the white substance of the frontal lobe, of lesser dimensions, not accurately noted. The fifth cyst was found in the centrum ovale of the right hemisphere in the parietal region and midway between the convex surface and the ventricle.

3. *Morphological Characters.*—Before the membranes were removed I was struck by an apparent difference in mass of the two cerebral hemispheres. After removing the membranes which were not adherent, each hemisphere was separated from the isthmus by a section line running between the thalamus and caudate nucleus above and closely following the anterior border of the optic tract below and behind. This, in my experience, is the best method of separating the hemispheres symmetrically, and for purposes of weighing I consider it superior to Meynert's method,\* which deals with inconstant lines of demarcation and includes in the isthmus weight, the cortex of the insula and the great cerebral ganglia.

The fluid being drained from the hemispheres, each was weighed, and a discrepancy of forty grammes, or about one and one-third ounces Troy in favor of the right hemisphere found. The right hemisphere weighed 696 grammes, and the left 656 grammes. Such a difference is far beyond the limits of normal variation.† The cerebral hemispheres, under ordinary circumstances, differ in every person more or less

in weight, but such difference rarely exceeds a few grammes, and it is even a question whether this discrepancy is constantly in favor of the left hemisphere, so slight is it in some cases. An excess of forty grammes, and of the functionally least active hemisphere, in a right handed person, is to be considered anomalous.

That the difference in weight between the two hemispheres was the expression of an aberration in the cerebral development, is sustained by two series of facts, namely, the peculiarities in the convolitional type, and the proportions of the great ganglia of different sides.

The convolutions in general were few, large, and well marked. The occipital and parietal lobes preponderated in mass as compared with the temporal and frontal. The latter were greatly hollowed out on the orbital face, and the gyri here found were few, simple and typical. (Figs. 1 and 2.)

On the whole, the convolutions of the right hemisphere were better marked, and the secondary folds more numerous than those of the left hemisphere, and the type of the convolutions presented differences on the two sides. The most pronounced differences were exhibited in the Island of Reil and in the occipital lobe. The Island of Reil on the left side (Fig. 2) had fewer and flatter gyri than that of the right side, and was not far different in its general aspect from that of an orang-outang in my possession. The right Island had six folds better marked than those of the left side, but their type was more decidedly radiatory, a fact in relation with the unusual shortening of the insular field, to be referred to further on.

The external perpendicular occipital sulcus, which Bischoff\* never found in the adult human brain, though Ecker,† without detailing the specific instances claims to have seen it, and which has been found

\* Meynert, *Vierteljahrsschrift fuer Psychiatrie*.

† This shows a considerable increase in weight by the hardening process. The weight of the entire cranial contents, exclusive of dura mater and including the cerebellum, pons, medulla oblongata and other membranes, having been 49 ounces Avoirdupois, or 1,371.6 grammes. The first weighing was roughly done and was not strictly accurate. The potash salt is very heavy and the specimen was five days in the solution before it reached Dr. Soizka.—Ed. RECORD.

\* Bischoff. *Die Grosshirnwindungen des Menschen* Ab. d. Bair. Acad. d. Wiss. Q. Bd. II Abth.

† Ecker. *Convolutions of the Brain*.

persistent in a case of imbecility with mental perversion by Sander, and also in a perfectly normal individual by Meynert,<sup>‡</sup> was finely marked upon the right side of the brain under consideration. This interesting anomaly I considered it desirable to preserve permanently, and I therefore did not make a dissection of the right occipital lobe, but preserved this together with the rest of the posterior half of the same hemisphere as a whole.

The fissure was very deep, its posterior wall was slightly bevelled, and covered several secondary gyri of its anterior wall. It differed in disposition from the similar fissures described by Meynert and Sander,

gyri and sulci were few and simple, but typical, the external perpendicular occipital sulcus, being interrupted by a broad crossing gyrus.

On making a series of transverse vertical sections through the hemispheres, it was found, first, that the average cortical thickness was the same on both sides and normal; second, that the great ganglia were of relatively large dimensions, and the white mass of the hemispheres, aside from the internal capsule and the other detachments mediating the connection of the cortex with lower centers, relatively reduced. The right caudate nucleus appeared to be of bolder contour on the right side, the right

lenticular nucleus presented a larger section area by about twenty-five per cent. than its fellow of the opposite side; it was much shorter, however, like the insular territory of the same side, and in corresponding sections, the posterior end of the left lenticular nucleus was struck, while the right was absent. The right nucleus was rounder, the left more triangular in contour in corresponding altitudes.

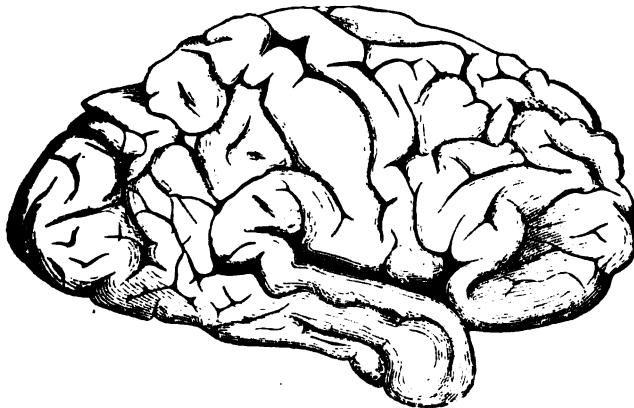


FIG. 1.—RIGHT HEMISPHERE OF REDEMEIR, profile view, showing persistent external perpendicular occipital fissure.

in that it did not, as in these cases unite with the internal perpendicular occipital sulcus and thus simulate the arrangement found in the anthropoid apes. It was merely the unobliterated external occipital fissure of the embryo, and as in the latter, its medial end, if prolonged, would have fallen behind the internal perpendicular occipital sulcus. The anomaly consisted, therefore, in the preservation of an embryonic feature. It is curious, in this connection, that the arrest of development should have involved the generally better developed hemisphere. On the left side, the

The olivary bodies were unsymmetrical, the right one being flatter and smoother than the left; in transverse sections no difference between the olivary nuclei, beyond that which occurs in healthy persons could be found, the asymmetry was ascertainably one of prominence only.

No anomaly was found in any of the blood vessels at the base of the brain either in their structure or arrangement.

4. *Microscopic Examination.*—The microscopic examination, as far as it was successful, was limited to the cerebral cortex. Imperfect sections were obtained from the ventricular part of the oblongata, which showed nothing abnormal. In many places the ependymal or barren layer of the cortex could not be kept intact in sections, in

<sup>‡</sup> Archiv fuer Psychiatric VII.

¶ The specimen was exhibited at one of the regular meetings of the N. Y. Medico-Legal Society.

others perfect sections were obtained. The sections were taken from every portion of the cortex excepting the posterior half of the right hemisphere. A brief glance through the specimens showed that there was no histological morbid change in the cortex. Slight, and in places, considerable accumulations of hæmatozin, of fatty granular masses in the adventitia, and pigment in

which is found proportionately thicker in lower animals than in man, according to the researches of Meynert, myself, and of Bevan Lewis. In places the discrepancy was twice as great as that represented in the accompanying figures, at others it was less, and in some localities no discrepancy could be detected. There are considerable local variations of this feature, and only



FIG. 2.—LEFT HEMISPHERE OF REDEMEIR, with Operculum raised to exhibit the sulci of the Insula.

from a large number of observations can any inference be drawn. The figures given illustrate the average difference between the standard cortex selected and that of Redemeir.

There was one peculiar appearance noted in Redemeir's cortex which may be properly discussed under the head of "morphological" appearances, for I doubt the propriety of ranging it as a pathological change. This consisted in the presence of round bodies com-

parable to the nuclei of nerve cells with a thin or no mantle of protoplasm and presenting every gradation from the free nuclei of the neuroglia, so-called, to nerve cells with imperfect process (Fig. 5). Such bodies occur normally in large numbers in the nucleus lenticularis,\* in the cortex of the rodentia,† and in very small numbers in the human cortex, increasing under certain pathological circumstances, such as general paralysis of the insane.‡ In the latter case, however, these bodies present certain characters not found in the other instances, differences which are consistent with the view I would present as to their real signification. Their constant presence in different parts of the central nerv-

the larger pyramids were found generally throughout the specimens examined, as these are found also in perfectly healthy individuals who have passed their twentieth year.

The ganglionic elements appeared entirely healthy, the blood vessels moderately so, and also the neuroglia. I had a series of cortical specimens from a woman who had committed suicide by shooting, and whom I had seen in consultation with Dr. E. C. Harwood, of this city, as well as other specimens from sane, insane and imbecile subjects for comparison, and I found a considerable difference in the proportionate thickness of the cortical layers, similar in character to, though less decided than that found by myself in the case of the imbecile, W—d.

Taking the suicide as the normal type, I found, as the most pronounced difference, a greater thickness of the barren or ependymal layer of the cortex (Figs. 3 and 4), that is the layer devoid of nerve cells, and

\* Henle. Anatomie III 2.

† Forel. Archiv fuer Psychiatrie VII.

‡ Ibidem, and own observation. It is worthy of note that the protoplasm of these bodies is not stained as well as the protoplasm of perfect nerve cells. Among the latter, however, there are great differences, however, clearly related to states of nutrition, within normal limits, pale and deeply stained cells are seen side by side.

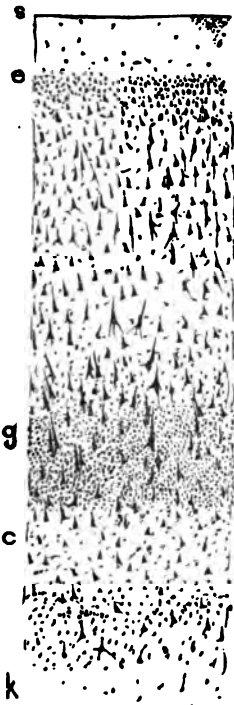


FIG. 3.—CORTEX OF LEFT INSULA, excluding white zone and claustrum (X 50) from a female dying with vertebral caries after a self-inflicted pistol-shot wound. e Barren layer or ependyma formation of Meynert. s Surface.

ous system in healthy animals, such as the rodentia (Forel) and the chiroptera proves that they are not necessarily pathological. Found in the cortex of lower animals and in the lower and functionally superceded centers of higher animals, it seems but natural to consider them as imperfectly developed nerve cells. Their appearance as a slightly different variety in the last stages of paralytic dementia would be explained on the ground that in regressive metamorphosis the same scale is run through that marked progressive development. As far as our present knowledge extends their presence in the human cortex in such large numbers as in the present case is anomalous, and I am inclined to consider it as an evidence pointing in the same direction as the other observations found.

5. *Conclusions.*—From the generally low type of cerebral structure, the atypical asymmetry of the hemispheres and the great

ganglia, the persistence of an embryonic feature in the occipital lobe, the thickness of the barren cortical layer and the presence of another anomalous feature in the cortical elements, only one conclusion can be drawn, namely, that the subject from whom this brain was obtained was an imbecile; and in the light of our knowledge of the life history of persons in whom similar anomalies have been discovered, an imbecile who should be classified in that large group of hereditarily degenerated subjects in whom, with the general back-ground of im-



FIG. 4.—CORTEX OF LEFT INSULA, corresponding in locality to Fig. 3 from Redemeir, same designation.

becility, are often found either epileptic and epileptiform seizures, morbid impulses or delusions, moral perversion and pathological fury. So far as the photograph\* in my possession permits of a conclusion, this subject had not only asymmetry of the face,

\* The only photograph of Redemeir that could be obtained was one taken when he was nineteen years of age. This is a very poor one, the face being shaded by a heavy cap. This was sent to Dr. Spitzka at his request.—ED. RECORD.

but also the general expression of the subjects of these conditions. It is unfortunate that more of the family history is not obtainable than that which I have thus far been able to learn of.

The changes of the ventricular endyma are such as frequently occur in the insane, and in those suffering from chronic meningitic and hydrocephalic disorders. Whether

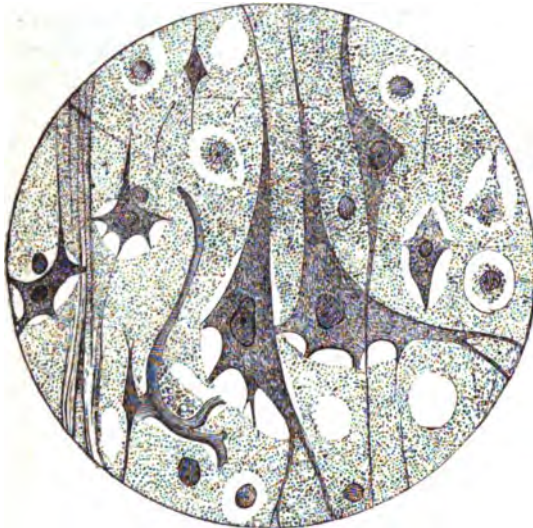


FIG. 5.—FROM FOURTH LAYER OF PARACENTRAL CORTEX, several of the bodies mentioned in the report as probably undeveloped ganglionic elements, together with well developed giant pyramids; also a hæmatozin accumulation.

they are to be regarded in this instance as a relic of some long past pathological process or not, I am not prepared to state. I have found them where the lepto-meninges appeared quite healthy, and do not regard it as impossible that they may be the result of repeated congestive states. Their occurrence in cases of epilepsy of long standing, where I have found the membranes as healthy as they seemed to be in this case, is in favor of this view.

NEW YORK, 130 East 50th street.

In the CLINICAL RECORD for August, 1880, appeared a communication from Prof. Louis Bauer, containing a detailed report of the results of his examination of the portion of Redemeir's skull removed at the

autopsy. The following is a reprint of the more important points therein set forth:

"The first and most striking feature is the complete ossification of the lambdoid and sagittal sutures and a partial ossification of the coronal suture. About the place where the lambdoid and sagittal sutures unite, there is a considerable deposit of new bony structure (hyperostosis), much more massive on the right side than on the center or left. From the center, that is to say, the angle of the occipital bone, a broad band of new bony structure extends along the sagittal suture until it reaches the frontal bone. Over the greater part of the skull isolated deposits are noticeable in every direction, and discriminate themselves from the principal bony structure of the skull by their white and almost chalky appearance.

I have mentioned this anatomical condition foremost because it is the most conspicuous feature of the skull. Next, it unquestionably furnishes the key for quite a number of secondary anatomical defects. There is no doubt in my mind that Redemeir sustained an injury at the back part of the head producing an inflammation of the pericranium giving rise to premature ossification of the principal sutures at a time when the brain was growing and developing, that is to say, during childhood or adolescence. All other conditions of the skull point that way.

Secondly, the walls of the skull are in every direction abnormally thin. At some places, as, for instance, the parietal eminences, the bones are translucent. A similar translucent place is on the right parietal bone, probably produced by one of the Pacchionian bodies. There are two more translucent places alongside of the internal frontal spines. There are no traces of the frontal sinuses. Of course the skull is thicker at the junction of the lambdoid and sagittal sutures, but even there it has a thickness of less than half an inch.

Thirdly, almost everywhere along the division the external plate comes in juxtaposition with the internal plate of the skull and only in a few places can a narrow line of diploë be discovered. At one place, corresponding to the upper half of the squamous portion of the temporal bone, both plates conjointly have a thickness of

scarcely half a line. If this anatomical condition of the skull proves anything, then it signifies a persistent intracranial eccentric pressure of the brain in every direction upon the skull.

Fourthly, there is a significant absence of foramina for the passage of emissary vessels, which are designed for the relief of the cranial sinuses and cerebral veins, so indispensable in a state of venous hyperæmia.

Fifth, the skull is of rather smaller dimensions than should be in a fully developed male adult; the fronto-occipital diameter, six inches and a half, being unusually short when compared with the transverse diameter, five inches and a half.

Sixth, there is a marked asymmetry of the skull to the effect that the left side is bulging out more, when measured from the center, than the right side, and this bulging is posterior to the corresponding one."

The only injury to the head that could be traced at all in this case was a severe blow from a brick-bat which Redemeir told his counsel he had received in early childhood. He seemed to attach very little importance to this, and none of his family remembered any such circumstance.

Such ossific deposits are frequently found in connection with brains which have passed through pathological ordeals in fetal life.

#### STATE OF MISSOURI VERSUS HENRY J. REDEMEIR.

*The Evidence Presented at his Trial for Murder in the First Degree, with Remarks on the Medical Evidence and the Judicial Decisions.*

BY WILLIAM B. HAZARD, M. D.

In connection with Dr. Spitzka's report of the microscopical examination of the brain of the executed Redemeir, I beg to recall to the reader's attention the principal facts as produced in evidence and to offer some criticisms upon the expert evidence and upon the decisions of the appellate courts. The evidence adduced is from the transcript filed with the St. Louis Court of Appeals, and hence its accuracy can not be

questioned. This transcript, embodied in the Bill of Exceptions, covers over two hundred manuscript pages, consequently, only what I deem essential points are here quoted, not always in the words of the witnesses except in the medical evidence which I have copied *verbatim* and inclosed in quotation marks. A year ago I offered some comments on this, which I then thought, and still consider, judicial murder, which may have been colored to some extent by the strong personal interest I took in the case. To-day I hope to be strictly impartial in my commentary.

On the 19th of June, 1878, Henry J. Redemeir shot and killed Franz Vosz, under the following circumstances:

From the testimony of Wm. Schaepperkoetter it appears that Vosz, with several workmen, was engaged laying the foundations for a house, on the day in question. With this witness, he was stooping and lifting a heavy stone, about three feet in length, into its position at the corner of the house. When it had been raised by the united strength of the two men, about four or five inches, Redemeir, who had been sitting upon a stone some ten or twelve feet away, came behind Vosz, passing around this witness, and shot the deceased in the back of the head with a pistol. Not a word had been spoken to Redemeir by any of the workmen. Vosz fell to the ground with an exclamation, and the witness started away three or four steps. Redemeir pointed his pistol at him and told him not to move or the next ball would be given to him. In a minute or so Redemeir remarked, "I must give him (Vosz) another, I'm afraid he is not dead yet," and attempted to do so, but the pistol failed to explode; he then made a successful effort and shot his victim again, this time in the side, as he lay upon the ground. He then turned and walked away at a moderate pace down the street.

After walking—he made no attempt to run away, although there were nine workmen present besides Vosz—nearly two

blocks he was arrested by Police Officer C. Schmidt, who did not see the shooting, but had been told that Redemeir had killed a man. The officer ran up to his man and slapped him on the shoulder suddenly, telling him that he was a prisoner. Redemeir turned about at this, when the officer grasped both his hands in his own. There was some attempt on the part of the prisoner to escape, but he made no desperate resistance. A revolver with three chambers empty was found in his breast pocket. A barber (Keller), who came up with Redemeir soon after he had been captured, stated that the prisoner made an attempt to take the pistol out of his pocket, but the officer noticed no such attempt and did not know his prisoner had any weapon upon his person until informed by the bystanders. The officer asked Redemeir "What nonsense have you been doing?" who answered, "Never mind, I know what I am doing—that is the way I fix them when they don't pay me. I will kill them if they don't pay me." The prisoner was perfectly cool and was not at all strange in his behavior. He walked along quietly with the officer to the station house.

It was in evidence that Redemeir had never worked for Vosz, had never had any business transactions with him, and had never had any quarrel with the latter except a slight dispute about paying for beer, some two years before. On the occasion referred to, Vosz was paying for beer for several friends, Redemeir was present, but was not invited to drink with the others. He asked Vosz if he would not pay for his beer also, he was answered "No, you are young enough to pay for your own beer." Redemeir admitted the fact and paid for a glass for himself. This was the only semblance of a dispute ever alleged to have taken place between them.

At the station house he was questioned respecting his reasons for killing Vosz, by the first witness; the prisoner answered, "that is what I will tell when I get my

trial," and, "I done my work well." To Police Officer Henly, and a barber named Keller, the prisoner stated "he had had it in for the old man for two years, that he had one chance a year before, but had not improved it, but now he had another chance and concluded to finish him with powder and ball, and that "he had done his work well." To another witness, Grimes, he said that "he thought the man had lived long enough," and, in explanation, that "he thought Vosz's time had come and that he concluded to kill him." When told that he was talking like a crazy man, he said, "Well, that is what I believe, and when I live to get that old I want somebody to kill me too—when I get old enough to die." When remonstrated with for these peculiar sentiments, he said, "It is a good act to kill a good man, but a bad act to kill a bad man." He talked coherently and sensibly on other subjects while at the police station.

To the attorneys who were employed to defend him he invariably stated that the deceased, Vosz, was in the act of throwing a stone at him (Redemeir) when he shot in self-defense. This assault on the part of deceased he said he could prove by all the witnesses, and adhered to this statement even after his trial and conviction.

He was duly indicted by the grand-jury, and when arraigned, on July 9th, 1878, before Hon. Wm. C. Jones, of the St. Louis Criminal Court, he pleaded guilty to the charge of murder in the first degree. The Judge informed him that he would be compelled to sentence him to death if he persisted in the plea of guilty, but this made no difference in the pleading. The prisoner was perfectly calm and collected and persisted that he had done the killing as charged in the indictment. He was, therefore, duly sentenced to death by hanging, the execution to take place on the 23d of August following. This judgment was subsequently set aside through the efforts of counsel appointed by the Court, and the case finally came up for trial on December

11th, 1878, the plea of not guilty by reason of alleged insanity of prisoner having been entered.

At this trial, the facts as substantially set forth above were proven. The mother and brother of defendant testified that he had always been indisposed to converse, but that they had noticed no particular change in him since boyhood. The mother was very old and of limited education. She seemed an imbecile to those who heard her evidence, but no testimony was adduced to show her mental condition or that of any of the prisoner's ancestry. The mother said the prisoner frequently complained of headache, and, a day or two before the homicide, had vomited.

The man with whom he boarded for several months thought him peculiar, because of his taciturnity. He was peaceable, not a drunkard, although he took an occasional glass of beer, and was a steady workman at his trade, that of a cigar maker.

The defense called a professor of surgery in an Eclectic medical school as an expert. This witness had treated about fifty cases of insanity, and had read a few works on psychological medicine. He had made two personal examinations of the prisoner in jail and had concluded that he was insane at the moment of the homicide. This witness made occasional slips in his definitions of technical terms, but on the whole, showed that he was competent to diagnose so plain a case as this one. He found the prisoner in fair general health, but taciturn and unemotional. He could give no reason for the killing, but remembered perfectly all incidents connected with the homicide. Said he *could not help the performance of the act.*

The State introduced a number of witnesses, in rebuttal, who stated that they had well and intimately known the defendant for varying periods prior to the homicide and never noticed anything unusual in his conduct or demeanor.

A professor of nervous diseases in a regu-

lar medical school was called as an expert by the State. This witness swore that it "had been his constant occupation to be with the insane for fourteen years," although it is well known that this "constant occupation" has always consisted in merely seeing a few patients daily—such as are pointed out to him by the attendants of a private asylum—not averaging half an hour of medical observation at each visit. Although this witness had been asked repeatedly to make a personal examination of the prisoner, he had refused to do so, and his opinion was based exclusively upon the hypothetical cases offered by the State and the defense. It must be noted that he was the Circuit Attorney's family physician and personal friend.

During the reading of the hypothetical case for the State, this witness, by certain questions, drew especial attention to those sections which denied any change in the habits, demeanor and conduct of the defendant prior to the commission of the alleged homicide; also to the fact that he had drunk several (three) glasses of beer in the forenoon of that day, the killing having occurred a few minutes after one o'clock, P. M.

The strong animus of the witness may be inferred from the following, quoted *verbatim* from this part of his examination (Bill of Exceptions, pages 161-162):

"*Mr. Beach* (Circuit Attorney).—It was not stated whether he drank at night or not. Two years before the homicide there is evidence that the deceased and the young man knew each other; that the deceased called up some friends to drink with him and the young man stepped up to drink at the same time, and the deceased said to him, 'I don't intend to treat you, you drink at your own expense, you are young enough to work for your own drinks;' that the young man immediately said, 'Well, I guess I can pay for my own drinks.' That was just two years before the homicide.

*The Witness.*—The deceased refused to treat him?

*Mr. Beach.*—Yes, Sir; refused to let him drink at his expense and told him to drink

at his own expense, to earn the money himself, that he was a young man and could afford to make money to treat himself.

*The Witness.*—Did that make the defendant angry?

*Mr. Beach.*—There was evidence that he was angry."

This method was adopted by the witness at each point in the hypothetical case that bore against the prisoner. Basing his opinion upon this case as interpreted to him by means of his own suggestive questions this witness declared the person it assumed to describe to have been sane at the time of the commission of the homicide. He stated that he based his opinion "In the first place, upon the absence of hereditary insanity; in the second place, upon the absence of change of character, as testified to by his own mother and intimate friends who would have been better judges of change of character than all the physicians in the land; and in the third place, that he was not out of harmony with his social relations, and in the fourth place, that there was, for the commission of the homicide, so far as I can see, some motive; [although, of course, its inadequacy is very apparent]. This quarrel which had occurred two years before had produced some irritation of mind in the defendant, and he showed that it had been rankling in his heart from the fact that he stated that for two years he had been trying to get even with the damn son of a bitch, and that he had an opportunity one year before, but didn't take it. Taking all of these facts into consideration without dilating upon them—because I am really in a very great hurry—it is evident to my mind, so far as my judgment goes (which, of course, is fallible) and it is my firm belief and firm conviction that at the time of the commission of this homicide that the defendant was perfectly sane. I see in that hypothetical case no scintilla of insanity whatsoever. That is all I have to say."

The slip of the tongue(?) which gave the witness the opportunity to impress the jury with the fact that he referred directly to

"the defendant" and not merely to the creation of the attorney's brain—"the hypothetical individual"—will be noted as something phenomenal in expert testimony.

In the examination regarding the effect of want of motive for an act as indicating the sanity or insanity of the perpetrator, is to be found the following statement of the way of conducting an asylum *à la mode*: "All experts on insanity know that the insane are frequently influenced by motives. It is a common thing in institutions for the insane to make the insane respond to motives: to make them act from the idea of reward and punishment, and fear, and so on." No one should be surprised at frequent suicides and the almost universal use of mechanical restraint in an institution governed by fear!

The following explains itself: "In the hypothetical case placed before me there is no evidence that this man's mother or friends noticed any change of conduct, any departure from his normal self; and that is an overwhelming fact to my mind of the absence of insanity in this case, and even if the facts were still stronger and savored more of presumptive insanity, the non-existence of change of character would make me consider that the question of insanity had been fully exploded. I look upon the change of character as the foundation stone (*sic*) in diagnosing insanity."

It is never safe to tie one's self down to stereotyped formulæ in medical science. It may be asked: What "change of character" is found in certain cases of monomania, in which the same type of organized delusions persist unchanged for years? What "change of character" is observed in imbeciles of a moderate grade that is diagnostic of their crippled mental condition? These simple questions need only to be asked to demonstrate the fallacy of this "foundation stone in the diagnosis of insanity."

Again, in reference to the motivelessness of an act, he stated: "In other words, if

a motive is non-observed that is no evidence of its non-existence. Therefore I say, that the absence of motive does not constitute insanity because no isolated fact constitutes insanity. The absence of motive, in my mind, is frequently due to our inability to discover it. We all know how difficult it is to plunge into the innermost recesses of the human heart and sometimes in our own experience our acts are apparently motiveless and seem sometimes almost automatic."

In this attempt to repeat the *dicta* of Wharton and Stillé, the witness permitted himself to use some very queer English as well as to set up the plea of insanity in his own behalf, as it were!

To the question, "How do you define insanity?" this witness answered: "That is one of the things I never did in my life. It is generally conceded by the authorities to be impossible. It has been defined to be 'a disease of the neurine batteries of the brain,' by Shepard, in his work on madness, to which I have added, 'which reside in the vesicular or cineritious portions of the cerebral hemispheres.' It is generally conceded that a satisfactory definition of insanity is almost an impossibility, and I have always taught my students that it was vain to attempt to give a definition of insanity." Here we have the "impossible" accomplished and the "vain attempt" rendered, once at least, feasible!

A gentleman, formerly superintendent of a State lunatic asylum, was then called in rebuttal by the prosecution. This expert stated, with reference to the State's hypothetical case: "I can discover therein no such evidence as one would seek in order to establish the existence of mental aberration. The hypothetical case is lacking in those elements which are essential to constitute a true diagnosis of that disease involving the mind which we call insanity."

This witness rendered his judgment as above given principally upon the absence of proof of hereditary disease and of any

marked change in the person's character, which were certainly not proven.

As to the absence of motive, or a very trivial motive for a given criminal act, he said:

"An absolutely inadequate motive, whilst it does not establish the indubitable existence of insanity, is one of those things which the psychological expert takes into consideration and which the best authorities have also considered as leading to the presumption that there was some insanity there. But no man would say that a man who commits an act of murder for a trivial consideration would be necessarily insane."

The supercilious self-sufficiency of the "asylum ring" is very beautifully shown in the answer to the following question:

"I will ask you a further question: Whether any physician of limited experience in psychological questions can visit a party twice and in the period of fifteen minutes at each visit, pronounce upon the sanity or insanity of that person correctly?

*Answer:* He might in those primary grades of insanity such as in profound dementia; but, as a rule (with very few exceptions), I should attach no importance to the conclusion of an ordinary physician—a physician, I mean, of ordinary general experience upon such subjects."

This is certainly refreshing, coming, as it does, from an ex-superintendent who declared that for six years he had an average of three hundred and fifty insane patients under his care in an asylum. This aggregate of, say three thousand patients, had had their cases made out and certified to by general practitioners almost without exception, by men, physicians, of "ordinary general experience on such subjects," and for six years this witness had been occupied with cases, the diagnosis of each of which had been made out by just such physicians. He must have known that he was unjust to his brother physicians, or was talking the sheerest nonsense when he made this statement under oath. This witness thought a personal examination of the accused the best mode of reaching a conclusion regarding his mental condition, but did not make

any attempt to see him until a long subsequent period.

Instructions offered by the attorney for the defense were refused. The usual test, a knowledge of right and wrong with reference to the act, was set forth in the instructions given the jury by the Court, and a verdict of guilty as charged in the indictment was promptly returned.

Public opinion was greatly aroused against the prisoner, and one of the daily newspapers used every endeavor to keep up and stimulate this adverse feeling in the people. There is no doubt but that this general sentiment had much to do with the prompt conviction, the refusal of a new trial by both appellate courts, and of a reprieve by the governor of the State.

The adverse opinion of the Court of Appeals was mostly grounded upon the great weight attached by that court to the opinions of the medical experts summoned by the State in rebuttal. The inconclusiveness of that evidence is fairly shown by the extracts above given. This court also refused a new trial on the ground that the affidavits offered in support of this motion only claimed to bring out "cumulative evidence of insanity." The writer pretends to no great knowledge of the mysteries of the law, but it seems to him that "cumulative evidence" from new witnesses was something worthy of some consideration where a human life was at stake.

The Supreme Court was divided upon the question of a new trial, but the majority three out of five of the justices—refused this boon to the condemned. The opinion of the two ablest justices upon the bench—so recognized by all conversant with such matters—undoubtedly was the correct one. On the failure of this last appeal, the prisoner was sentenced to be hanged on April 23, 1880.

The circumstances of this homicide and of the subsequent trial made a deep impression upon my mind. I was confident that the prisoner was insane, or that there were

some important links of evidence missing from the chain of evidence as presented by the State. To account for such a deed several theories might be advanced:

1. Some "old grudge" against the deceased, based upon some injury, real or fancied, suffered by the defendant. If this were true, some evidence of it ought to exist and be forthcoming in the excitement occasioned by the homicide. The ridiculous puerility of the one brought forth at the trial is apparent to every one who is unprejudiced. That none other was brought out showed conclusively the non-existence of such an "old grudge" as would account for the act.

2. The defendant might have been under the influence of alcohol when he killed his victim. His minutest acts were traced from the time he arose the morning of the fatal day until his arrest after the killing, and showed that he had taken only three glasses of lager beer and one of lemonade on that day; an amount of stimulus not sufficient to occasion drunkenness in a person not accustomed to such a drink, and probably without even the slightest effect in a man used to the effects of mild malt liquors from infancy, as was the defendant.

3. The prisoner might be one of those reckless criminals who glory in deeds of violence and whose highest ambition seems to be to distinguish themselves by outrages upon the community. If this were so, his life history should bear witness to it. But it was in evidence that he was a quiet, reserved taciturn man, one who seldom spoke unless spoken to, and a steady workman at his trade—that of a cigar-maker. Not a single act of unlawful violence was brought out in his history. The diagnosis was, therefore, narrowed down to,

4. That he was the victim of some obscure brain disease which was manifested by irresistible impulse probably based upon a delusion. This conclusion became fixed in my mind after several conversations with the prisoner in jail.

The prisoner answered questions readily enough, but never offered an observation of his own without something being said to elicit a reply. He manifested only the slightest emotion with reference to his approaching execution; said he had never had a trial; that he could prove that he had

acted only in self-defense. When asked to name his witnesses, he gave those of the workmen who had testified to the homicide. When remonstrated with upon the impossibility of Vosz having been able to injure him with the large stone described by the witness, he simply reiterated his belief that he was in imminent danger of death; that it was simply a question of promptitude of action whether he or Vosz should be killed. This idea had taken full and firm possession of him and no argument had any effect in the way of changing it.

Application was made to the Sheriff of the city of St. Louis for an inquest before a jury to ascertain the mental condition of the prisoner, it being alleged that he was insane and in no condition to suffer the extreme penalty of the law. A jury of more than ordinary intelligence was accordingly impanelled, and the editor of the daily paper which had been conspicuous for its persecution of the prisoner was chosen foreman.

The testimony of experts and others was heard, but through the efforts of the acting Circuit Attorney—who was a candidate for nomination to succeed himself at the fall election—the inquiry was narrowed down to the question: Had the prisoner become insane since his conviction? None of the witnesses claimed anything of the kind; it was perfectly evident that the insanity present in this case dated far back of the conviction—back of the act for which he had been condemned. The true aim and intent of the law, viz: that no insane person should be executed, was, therefore, frustrated. A former justice of the County Court, who had been, for a few years, a member of the Board of Managers of the County Insane Asylum, set himself up as an expert on the subject of insanity and aided some of the more intelligent and humane members of the jury to their conclusion, which effectually silenced all opposition to the carrying out of the sentence.

Redemeir was accordingly hanged on

April 23, 1880, persisting until he mounted the scaffold that he had acted simply in self-defense. He said to the pastor of his mother's church, who spent the last hours with him exhorting him "to repent," "I am sorry that I killed the old man, even if it was to save my own life."

Immediately after the execution, which took place at eight o'clock, A. M., the body was removed to the building of the St. Louis College of Physicians and Surgeons, where the autopsy was made by Drs. L. Bauer and J. H. McIntyre, in the presence of quite a number of professional witnesses. The brain was placed at once in a saturated solution of bichromate of potash, and kept upon ice until the following Monday, April 26, when it was hermetically sealed, carefully packed and forwarded by express to Dr. Spitzka for minute investigation. His paper accompanying this demonstrates the presence of markedly defective brain development. Dr. Bauer's examination of the skull-cap (See RECORD, August, 1880) demonstrates the former occurrence of inflammation in the bony cavity in which the brain was held. The one act of homicide and the persistence of an organized delusion shows beyond the possibility of a doubt that this man was a monomaniac and that the homicide was the result of a morbid impulse entirely beyond his control.

St. Louis, 5 High street.

### CHOLERA INFANTUM.\*

BY M. T. FULCHER, M. D.

In the present paper I shall, under the title of cholera Infantum, include the true cholera of infancy and the entero-colitis of modern writers. Cholera infantum proper differs but little from epidemic cholera, save in its fatality, and is analogous to the true cholera morbus or sporadic cholera of adults. Like cholera, it occurs during the heat of summer, and other things being

\* Read before the Moberly District Medical Association.

equal, we may suppose that in intensity of frequency it is proportionate to the elevation of temperature. It is characterized by sudden muscular and nervous debility, general prostration, vomiting, griping of stomach and bowels, and hurried, anxious respiration. Following this there are copious evacuations of thin, serous fluid, or of large, watery and fetid discharges. The vomiting becomes more frequent and intense. The limbs, and sometimes the entire body, grow cold, covered with clammy sweat. The pulse is rapidly weakened, the thirst is most intense and collapse, more or less complete, supervenes.

Among the *causes* of this disease, I will mention elevated temperature, dentition, bad air and improper diet. By improper diet I mean either overfeeding, excess of solid food, irritating food, difficulty of digestion or unwholesome food, as unripe or decayed fruit, poor milk, etc. I think we may regard dentition and elevated temperature as the predisposing cause, while irritating substances within the alimentary canal, together with some unknown atmospheric or telluric agency act as the exciting causes. With regard to teething as a cause, it is not probable that the mere fact of the growing teeth gradually working their way through the gums can be counted as a factor in the case, as is popularly supposed. However, we may suppose that at this period of life the nervous system is in a highly excitable state and, in addition, there is at this age, a rapid development of the intestinal follicles by which the economy adjusts itself to a change from liquid to solid food. These facts being admitted, we are able to see in dentition, taken in its broad sense, a rational cause for cholera infantum.

As to the pathology, it is now taught that cholera infantum is mainly a disease of the nervous system. It is possible that excessive heat, impure air, improper food and dentition all exert some influence in paralyzing the vaso-motor fibres of the splanchnic

nerves and a hyperæmia of the intestinal walls ensues. At this point an unknown agent, which I am unable to discover, is introduced, and then there results a catarrh of greater or less intensity of the alimentary canal. If this catarrh continue, not only the blood, but the muscular tissue may be drained of their watery elements. The circulation that supplies the capillaries of the central nervous system ceases and collapse follows. It has frequently occurred to me that, given, the engorgement of the intestinal walls through vaso-motor paralysis, together with possible irritating substances within the canal, we have not sufficient data to explain the phenomenon of so copious a catarrh, and that some other agent must be sought for as a leading factor in the case ere we can solve the mystery of choleraic discharges. I raise the question for the consideration of this association: are these influences sufficient to accomplish in such a short time, such disastrous results? One observer has found that section of the sympathetic nerve, supplying the intestine, results in a copious alkaline secretion of serous fluid into the bowel. But even with this fact all the phenomena are not explained. As another feature of the pathology, observers report a suppression of the hepatic function.

In the treatment of cholera infantum the indications are to check the serous flow into the bowel. As steps to this end it is necessary to control vomiting, remove irritants from the canal if present, arouse the action of the liver, directly check the flux into the bowel, restore the flagging powers, and if collapse threaten, restore the equilibrium of the circulation. To fulfill the first indication, check vomiting, recourse may be had to elixir of vitriol, small doses of morphia in dilute sulph. acid, minute doses of calomel or a solution of acetate of lead with vinegar. For myself, I have found the old practice, small doses of calomel frequently repeated, as often satisfactory. Should it fail I use plumbi. acetatis gr. vi, sacch.

albæ ʒii, aceti gtt. xxx, aquæ ʒj. Of this I give a teaspoonful every half hour. I regard it as invaluable for the purpose mentioned.

A decided advantage then is in the small doses of calomel as it also fulfills the second indication, viz: to free the bowels from irritating food, should it be present; since mercury thus given in small and frequently repeated doses will soon act as a mild cathartic. For the same purpose we might use syr. rhei or castor oil.

To quicken the hepatic function in an infant I know of no chologogue that is a substitute for calomel. To directly check the exudation into the bowel, the astringents are nearly all recommended, some by one and some by another. Perhaps opium and acetate of lead better fulfill the indication than any others.

If there be symptoms of collapse the patient should be allowed the free use of ice and ice water. As soon as the discharges cease tepid water containing salt may be used as an enema. Brandy may also be cautiously administered. A mixture consisting of sulph. acid and rectified spirit in the proportion of one to three is held in high esteem by surgeons of India. There it is used in epidemic cholera. The same mixture has been recommended in the collapse of infants in doses of one or two drops. Another remedy, first introduced to the profession in cholera collapse by Dr. Hodgen, is atropia. So efficient did this prove in his hands that I venture to suggest the use of belladonna in the collapse of infants. To restore the flagging powers will require a judicious selection of such food as will stimulate and at the same time restore the lost tissues of the body.

I now pass to notice, as briefly as possible, the inflammatory condition known as entero-colitis, the intestinal inflammation of Smith, the inflammatory diarrhœa or cholera infantum of older writers. The disease ordinarily occurs as a sequel of simple diarrhœa or of cholera infantum. As its

name indicates, it is characterized by an inflammation of the intestine, by the frequent passage of mucus, muco-purulent or muco-sanguinolent stools. Among the causes I will mention as perhaps the main one that peculiar susceptibility to intestinal disease that results from the very rapid development of the intestinal follicles during the first two years of life which, Smith says, is coincident with dentition. Hot weather, or rather the results of hot weather: a vitiated atmosphere laden with poisonous exhalations and noxious gases, the result of animal and vegetable decomposition, these may be ranked as a cause of no small magnitude. I do not know that elevated temperature, when the atmosphere is dry and pure, can be assigned as a cause. Error of diet may be ranked as a cause of entero-colitis, and perhaps no less potent than those mentioned. Fault of diet may be either qualitative or quantitative. A child may be simply overfed, even with the most wholesome food, or the change from liquid to solid food may be too early in life, or too sudden, as witness the increased liability to an attack when the child is first weaned. If the diet be of milk it may be of such poor quality as to act as an irritant, whether it comes from the breast of the mother or from the swill-fed cow. As a rule, bottle-fed children are by far the most liable to the disease, and so far as my observation has extended in that class of patients the disease seldom yields to treatment so readily as when the child is nourished by natural methods.

Entero-colitis is certainly one of the gravest diseases of infancy; notwithstanding its name suggests nothing serious to the mind of the laity—a fact due to the objectionable custom of physicians in reporting deaths from this disease under the head of cholera infantum. The anatomical lesions are those of an inflammation located in the intestines, mainly the ileum and colon. In the first stage there is simply a turgescence of the follicles; later, the results of inflam-

mation in its various stages. The dejections are distinctly acid and the febrile excitement is well marked. Symptoms of meningitis or hydrocephalus may supervene.

The treatment of entero-colitis should be largely hygienic. If the disease has been caused by impure air or unwholesome food these causes should be removed without delay. A pure atmosphere and nutritious unirritating diet will avail more than all the medicines of the drug stores. Barley water, purified gelatin and arrow root are in favor as articles of diet. The arrow root, on account of its amylaceous character, is probably objectionable. Cow's milk containing lime water, goat's milk, or what is better, if the child be not too old, human milk from a healthy nurse, is doubtless superior to any artificial diet.

In the acute stage great harm is often done by ignorant nurses who insist on crowding the irritated stomach with food that will not be assimilated. If the house be not well ventilated the patient should be carried into the open air. By all means give the little sufferer *plenty* of fresh air.

As regards treatment, the authorities differ so widely that I shall not consume the valuable time of the session further than to present a brief and imperfect outline of treatment as taught and practiced.

The reaction within the last two decades against the indiscriminate use of mercury places many of our rigidly scientific, or rather rationalistic physicians in strong opposition to the use of mercurials in entero-colitis. This class recommend the use of opium, the alkalies, especially the carbonates of the alkalies, chalk, either the chalk mixture or the creta preparata, bismuth, ipecac, and later in the disease, the astringents. If gastric irritation be present some even object to the use of small doses of calomel to stop vomiting; others admit the use of mercury at the outset of the disease but condemn it later.

All agree as to the value of revulsives, as mustard and warm fomentations, some

trust largely to the warm bath, also to stimulants and tonics, as brandy and quinine. The value of ipecac in dysentery suggests its use in entero-colitis in larger doses than is commonly employed.

Another class of physicians depend largely on the use of the mercurials in small doses frequently repeated. This they regard as the sheet-anchor, only using other remedies as they may seem indicated by the individual symptoms, and, moreover, they seem well satisfied with the results. There are, perhaps, no two authorities who are at present exerting a greater influence to shape medical opinion than J. Lewis Smith and Meigs & Pepper. Both strongly condemn the use of mercury. Smith gives the result of thirty-two *post mortems*, showing the *liver* not implicated in entero-colitis, and by a method more direct than logical, concludes that mercury is of no use. Just as though the indications for the use of mercury do not *often* lie far too deep for the scalpel or microscope.

On the other hand, I may mention that in a discussion in one of the medical societies of St. Louis last season, Drs. Gregory, Montgomery and the elder Moses, each of these gave his testimony in favor of the mercurial treatment, that is, they use calomel in doses of one-twelfth to one-third of a grain, keeping up this treatment until the force of the disease is broken. Nor was the position thus taken even so much as challenged by the medical faculty of St. Louis. The conclusions reached by these men were not by processes of abstract reasoning, but were deduced from observations at the bedside, in a practice reaching back a third of a century.

This course of treatment by no means excludes the use of other therapeutic agents as they may be indicated. If the disease becomes chronic, a solution of the nitrate of silver may be included in the treatment. In this condition I have found the use of raw beef, as prepared by German physicians, a most excellent article of diet.

I can but regard this *war* against the judicious use of mercury, waged by theoretical men on merely theoretical grounds as unfortunate. If such men could only extirpate the liver and eliminate mercury from the pharmacopœia they might have much smoother sailing on the sea of speculative medicine.

BROOKFIELD, Mo.

### LISTERISM IN GERMANY.

BY LOUIS BAUER, M. D., M. R. C. S. ENG.

#### SECOND PAPER.

My recent article\* on this subject was not concluded when the manuscript was sent for by the printer. The readers of the this journal who feel interested in the subject will welcome this supplement comprising the antiseptic practice in laparotomy adopted in Prof. Billroth's clinic at Vienna. The *first* rule observed is *scrupulous cleanliness* of the operating and sick-room. If the slightest doubt is entertained as to their purity, the rooms are sprayed with five per cent. carbolic acid for several hours. This measure is intended to clear the air in the rooms of, and to precipitate suspended germs.

The *second* rule applies to the *thorough disinfection* of all articles of dressing, instruments, the hands of the surgeon and of his assistant, to prevent *contact infection*. The sponges to be used should be new and soaked for several days in a five per cent. carbolic acid solution.

The *third* rule permits but *one assistant*, and he and the surgeon alone are allowed to handle intra-peritoneal parts.

The *fourth* rule commands *carbolyzed ablu-tion* of the abdominal integuments but excludes the spray during the operation as useless if not directly noxious on account of the rapid absorption of carbolic acid by the peritoneum and the consequent danger of poisoning.

*Vide* Clinical Record for April, 1881.

The *fifth* rule is directed against the danger of *spontaneous infection*. The technical measures adopted to prevent "dead-rooms" are as follows:

1. To have as small a defect in the *peritoneum* as the case will warrant. As means are employed *sub-peritoneal enucleation* (Kochen); *ligature en masse* combined with or without the *charring* of the pedicle's stump by the actual cautery.

2. Ligature of all bleeding vessels.

3. Careful cleansing of the cavity.

4. Hermetical closure of the parietal wound; no drainage tubes.

5. Gentle compression of the abdomen by an appropriate dressing.

6. Elevation of the patient's pelvis, especially commendable when a peritoneal opening is left in Douglas' space. This position brings the secretions of the wound in contact with healthy peritoneum where they may be absorbed.

7. For a similar purpose the plan of Keith has been introduced. The patient receives bland warm beverages to increase the secretion of the peritoneum, that the morbid fluids in the cavity may be diluted and thus better prepared for endomosis.

St. Louis, 519 Pine street.

### Clinical Reports.

#### A CASE OF OPIUM SMOKING AND MORPHINE TAKING.

BY H. H. KANE, M. D.

I take the liberty of sending you the history of the following case, in that it serves as a text for some observations that I wish to make on opium smoking, and very aptly illustrates the ease and rapidity with which the opium habit may be broken. I am led to publish this case partly on account of the article by Dr. W. D. Wilhite, which appeared in the May number of your journal. The Doctor errs in his belief that nothing

has been written upon the subject of the habitual use of opium or morphine. Curiously enough a review of my last work upon this subject appears in the same number of your journal that contains Dr. Wilhite's article.\*

Prefatory to the history of the following case I may state that the habit of smoking opium by Americans is not at all uncommon, the number of American opium smokers in this country being variously estimated at from three to five thousand. It is quite as much a habit as when the drug is taken by the mouth or hypodermically, and the symptoms incident to sudden or gradual breaking off the vice are the same as in other forms of using opium. I use the word vice advisedly, for opium smoking is essentially a vice, being a gross indulgence of a passion or appetite without the redeeming feature of pain to drive the victim to it. He carelessly, indolently and voluntarily rivets upon himself shackles from which he soon finds that he is unable to free himself.

I admire Dr. Wilhite's manly way of relating his own case and studying it dispassionately. Full and free advance in the study and treatment of cases of the morphia habit are not possible until the sufferer, viewing himself in the light of a diseased person, seeks the best treatment for his disease. Unlike opium smoking, the majority of cases of the opium or morphia habit take their rise in some disease or dis-

order, essentially painful, and to the taking of morphia for the relief of which no odium can attach. The very careful and restricted use of opiates by physicians will, of course, lessen the number who drift into the habit; the viewing of the habit thus formed as an unfortunate accident incident to the treatment of this class of cases, or as a mental disease, or loss of will power, will greatly facilitate the treatment and lessen the number of habitués.

The following case is one of the only two known to me where opium smoking was resorted to for the relief of a diseased condition:

John W——, aged thirty-five, single, Canada.

*Family History.*—All the male adults as far back as he can remember were hard drinkers. Knows of no instances, however, where delirium tremens occurred. Has a brother who is an habitual user of morphine hypodermically. It was first used during an attack of paraplegia following a prolonged debauch.

*Past History.*—Always healthy up to 1868 when he contracted a peculiar low type of malarial fever while in Italy. It was first of the quotidian type. He was much troubled with profuse and exhausting night-sweats every night for the first twenty-two months. He then went South, where he was thirty days with, and thirty days without fever alternately. He lost in weight and strength and became very much jaundiced. From the inception of the fever, he was troubled with palpitation of the heart, which rapidly increased in severity. The pulse varied from 80 to 90 with an occasional increase to 110. Quinine in moderate doses always produced sledge-hammer action of the heart.

Dr. Walshe and others, of London, and Clark and Loomis, of this city, saw him and repeatedly examined his heart. They declared his trouble to be a malarial neurosis. Some thought they found hypertrophy. The fever lasted until two months ago,

\* I refer the Doctor to:

Kane, *Morphia Hypodermically*, N. Y., 1881; *Drugs that Enslave*, The Opium, Morphine and Chloral Habits, Philadelphia, 1881; Philadelphia Medical and Surgical Reporter, June 11, 1881, New Orleans Medical and Surgical Journal, Aug. 1881; American Opium Smokers (in press).

Mattison, N. Y. Med. Record, May 1, 1874. Jan. 29, 1876, Dec. 9, 1876, April 14, 1877, May 18, 1878, Sept. —, 1879, July 27, 1878; Quarterly Journal of Inebriety, June, 1879; Philadelphia Med. and Surg. Reporter, Nov. 23, 1872, July 4, Feb. 9, 1878; Southern Med. Record, Oct. 1874.

Calkins, *Opium and the Opium Appetite*, Philadelphia, 1871.

De Quincey, *Confessions of an English Opium Eater*.

Fitzhugh Ludlow, *The Opium Habit*, N. Y., 1868.

C. W. Earle, *The Opium Habit*, Chicago Med. Review, Oct. and Nov., 1880.

when it entirely left him. Two years and a half ago he was ordered doses of 1-10 gr. morphia sulphate and 1 gr. ext. hyoscyamus in pill form to allay the excessive cardiac action. Gradually increased the dose of morphia to  $\frac{3}{8}$  gr. daily. The heart's action becoming more troublesome, he, fifteen months ago, began to smoke opium. For the first three months he averaged about 40 grains of Chinese smoking opium\* every other day. From the first of July until the end of August, he smoked a drachm a day. He then cut down his allowance and, dropping the pipe entirely, used daily  $1\frac{3}{4}$  gr. morphia in its stead. From September 1st to December 1st he again smoked the pipe. From December 1st up to the present time he has relied chiefly upon morphia, occasionally smoking opium, as the fancy would take him. The amount of morphia taken would vary between  $1\frac{1}{2}$  and 4 grains daily.

He has noticed no effect of these drugs on the eyesight, throat, urinary organs, sleep or memory. Appetite, especially that for meat, slightly impaired; bowels somewhat constipated. Sexual appetite somewhat blunted. Slight muscular tremor. Tendon reflex present. No tendency to fall on bending over or on getting out of bed in the dark.

Sphygmographic tracing shows normal tension, with a high nervous upstroke. Pulse 98. Urine, no sugar, no albumen, highly phosphatic, morphia present. Very weak from the effects of the past twelve years of fever.

July 11, 1881, admitted to the De Quincey Home. Morphia  $\frac{3}{4}$  gr., chloride of gold and sodium 1-12 gr. every three hours; hyoscyamia 1.200 gr. (Merck's crystallized) every three hours. Quiet during day. Hot bath ( $114^{\circ}$  F.) for twenty minutes at 9 P. M. Temperature, 6 P. M.,  $99^{\circ}$  F., 11 P. M.,  $99^{\circ}$  F. Pulse 98.

July 12, 1881. Slept well all night. Morphia  $\frac{1}{2}$  gr. Some sneezing. Medicine

continued and a Chinese hospital pill and two drops of tr. digitalis given every three hours. Hot bath ( $110^{\circ}$  F.) for thirty minutes at 9 P. M. Vomited twice. Temperature, 8 A. M.,  $99^{\circ}$  F., 6 P. M.,  $98^{\circ}$  F., 11 P. M.,  $98.4^{\circ}$  F. Pulse 78.

July 13, 1881. Somewhat restless during the night. Complained of slight pains in the limbs. Pupils dilated. Rose at 5 A. M. Went out with the nurse for a walk, and on returning ate a hearty breakfast. Easy day. Out riding all the afternoon. Temperature 8:30 A. M.  $98.3^{\circ}$  F., 4 P. M.  $98.3^{\circ}$  F., 12 P. M.  $98.4^{\circ}$  F. Pulse 72. Bath at 10 A. M., 3 P. M. and 9 P. M. ( $105^{\circ}$  F.).

July 14, 1881. Quite restless the early part of the night. At 2 A. M. was given 15 gr. chloral, 1-60 gr. atropia and 6 gtt. tr. digitalis. Slept until morning. Temperature, 8 A. M.  $97.3^{\circ}$  F., 10:45 P. M.  $99^{\circ}$  F. Allowed champagne.

July 15, 1881. Slept well again on 15 gr. chloral protected by digitalis and atropia. Out all day. Eating heartily.

From this time on he continued without any drawback, save some vomiting and purging on the seventh night of treatment, he having eaten a mess of canned salmon, watermelon and steak, besides drinking a milk punch.

He left me on the twelfth day of treatment, sleeping nine hours each night, eating well and digesting well. He was not in bed one hour except at night during the whole treatment, was out every day and ate heartily. Chloral was discontinued at the patient's own request after the third night of use.

Leaving town Friday afternoon, he returned to report to me Tuesday morning. In that time he had gained five pounds in weight, had absolutely no craving for morphia and said that he was eating well and sleeping soundly.

In the light of the frightful suffering depicted by De Quincey, Fitz-Hugh Ludlow and the majority of morphia takers who

\* Equal in strength to 78 gr. crude opium.

have been broken, this case would seem phenomenal, were it not for the fact that the same results are being daily obtained with other patients who have been taking the drug for a longer time and in larger quantities. Witness the case of the Philadelphia druggist (*Philadelphia Med. and Surg. Reporter*, June 11, 1881) who, using 16 gr. daily for twelve years, was rapidly and painlessly broken of the habit in four days and discharged cured in two weeks' time.

The facts in the case of the opium smoker, John W—, may be verified by writing to either Mr. Rushton or Mr. Hunt, of the firm of Hunt & Dunlap, pharmacists, of this city, friends of the patient, whom he visited, in company with one of my nurses, every day of the treatment. He was also seen by Profs. Alfred L. Loomis and E. G. Janeway, of this city.

THE DE QUINCEY HOME,  
191 West 10th st., N. Y. City.

## Translations.

(Translated for the Clinical Record.)

**RECTO-VESICAL LITHOTOMY.**—Simonin, of Nancy, had failed to extract a large calculus by bilateral section in a boy of twelve years. On exploring the bladder digitally he found the stone in a diverticle of its posterior wall so as to protrude into the rectum. The patient recovered from the operation with a perineal fistula.

Some months later, recto-vesical lithotomy was successfully performed in the following manner: Forcible dilatation of the sphincter, transverse incision through the recto-vesical septum two and one-half c. m. behind the prostate, right upon the calculus.

The phosphatic concretion weighed eighty grammes. The fistula closed a week after. The wound was not united by wire suture and diminished very slowly. After years, fluid feces passed the urethra and a few drops of urine through the rectum. S. has also noticed sperm in the stools after coi-

tion.—*Bulletin de la Société de Chir.* Tome VI, 1880. L. B.

[The plan of the operation adopted by S. was singularly faulty. By vertically transfixing the septum in the trigonon the injury of one or both seminal vesicles could have been averted. Nor does S. assign any cogent reason why the wound was not at once closed by suture. At any rate the case of S. demonstrates beyond contradiction that,

1, Recto-vesical lithotomy is not attended by the dangers of urinary infiltration as apprehended; and

2, By this method the larger calculi may be safely extracted which cannot pass the bilateral incision of the prostate.—**TRANSLATOR.**]

**TREATMENT OF CHOLERA INFANTUM.**—(Soltmann, in *Breslau. Aerzt. Zeitschrift*)

The author uses resorcin, in doses of ten to thirty centigrams (1 2-3 to 5 grains), in 60 grams (two ounces) infusion of chamomile, for children a few months old. Its action is marked within two days, but a cure is obtained, on an average, in six days. Resorcin is a benzine, odorless, white and crystallized, and has the same antiseptic properties as the phenols and carbolic acid.

Ninety-one children were treated with it at the Breslau polyclinic (free dispensary), with very happy results. In collapse, excitant treatment (such as subcutaneous injections of ether) were also used. The following results are claimed from it:

1. Ordinarily, the vomiting ceases in a short time, after small doses.

2. The symptoms of collapse diminish.

3. The stools become less frequent.

4. Resorcin, like carbolic acid, is an anti-ferment, but it is not irritating, and produces no symptoms of intoxication in medicinal doses, like the latter.

5. Patients take it willingly and it is tolerated by the stomach; under its influence the digestive tube quickly recovers its function of assimilation which it had lost.

**WOMEN AT THE MEDICAL CONGRESS.**—The International Medical Congress will convene in London, on Aug. 2, 1881. The following, from the *Progrès Médical* of Sept. 11, 1880, will be found in season:

"Decidedly, our English brethren have little gallantry and as little liberality. We understand their non-advocacy of the practice of medicine by women, and we, ourselves, have clearly stated that, generally speaking, this career is not made for them. But when a woman, at her own risk and peril, for motives of which she is the sole judge, has conquered, under the same conditions as men, the title and the diploma of Doctor of Medicine, what reasons can be set up for refusing her the rights and privileges belonging to this title and diploma? Doubtless the honorable organizers of the future International Congress of London have good ones, for, by a majority of twenty-seven to nineteen, the doors of this Congress have been closed to the woman doctors. There must have been excellent reasons, certainly, for the same ostracism has been extended to include those even who have participated in other international congresses. But our perspicacity does not reach far enough to divine those reasons. Is it feared that the presumed loquacity of these ladies would cause too great a loss of time to the Congress? Does the experience of the past render these fears legitimate, these precautions necessary? Alas! If we would exclude the babblers, the inexhaustible talkers who speak without saying anything, recourse must be had to much more radical measures, and it is possible that the rigors of the new rule would often fall upon the bearded orators themselves.

In France, on Salic ground, we are less timorous: the Anthropological Society accepts women as members, and does not compel them to keep silent. The English Committee of the International Congress of London, which Her Majesty the Queen of England and Empress of India has deigned to take under her high patronage, could, without any derogation, have shown more courtesy towards the sex to which their sovereign belongs."

**HOANG-NAN.**—(*Lyon Medical*) M. Romanet du Caillot informed the Geographical Society, at its session of June 3, 1881, that the Abbé Lesserteur had written a brochure

on Hoang-Nan, a Tonquinese remedy for hydrophobia, leprosy, etc. This remedy, which M. Pierre, of Saigon, has classed as a strychnos, may be found to be of the greatest utility by explorers in hot climates. M. Lesserteur cites a case of cure of the bite of the black viper, at Tong-King, and two cures of the bite of the cobra di capello, in India. When the cobra has bitten well, it is a matter of a half hour at most. M. Férou, a missionary in India, relates one of these cases in a letter: A young boy of sixteen or eighteen years, was bitten in the heel; his leg swelled up to the thigh; in less than ten minutes his sight was lost. The first three pills brought back his vision and caused the swelling to go down as far as the knee; two others brought it down to the sole of the foot. After half an hour nothing remained but the pain caused by the lesion of the Achilles tendon, and this disappeared with the cicatrization of the wound.

**ECHINOCOCCI IN THE MAMMA.**—These are comparatively rare. Literature has collected but eighteen cases in all. E. Fischer reports another which he lately observed at his clinic (Strasburg). Patient, seventeen years old, presented a painless and hard tumor, the size of an orange. For three years it had remained stationary, then rapidly grew whilst its surroundings became tender. It was imbedded four to five c. m. external to the nipple. The tumor, when removed, contained about fifty scolices grouped together upon a common pedicle. There was another tumor of lesser size than the former in posterior part of the axilla which had contemporaneously appeared and grown and eventually become stationary, probably containing dead echinococci. Shortly before these tumors were noticed the patient had suffered some disturbance of the stomach with emesis, designating probably the time when the immigration of the worms had taken place. L. B.

**DANGEROUS LUNATICS.**—(*L'Encephale*). On Jan. 21, a lunatic in the clinical ser-

vice of the Asylum of Sainte Anne, named Zenner, born in Hesse, struck M. Boyé, interne of the service, upon the temple with a pair of scissors, inflicting what might have been a serious wound had the wounding instrument been of tempered steel instead of an inferior quality. Recovery followed some days of rest.

Zenner had been arrested in front of the Elysee. Armed with a razor, he was waiting for the President of the Republic, whom he wished to kill to prevent him from selling France to Prussia. If we may believe him, his only object in striking M. Boyé was to bring himself again before the courts so that he would be able to disclose this plot of which he had information. This accident shows once more the necessity of a close watch upon the relations of the insane whose unintelligent and guilty carelessness may be the cause of irreparable misfortunes.

**THERAPEUTIC NOTES.**—(Wertheim, in *Wein. med. Wochenschrift*, 1880) For ulcers and wounds showing a diphtheritic tendency, use the old chalybeate or ferruginous wine, prepared as follows:

Filorum ferri minutim fractorum 70 gr.  
Corticis cinnamomi..... 35 gr.  
Vini rhenani..... 4.20 gr.  
Digere per aliquot dies, filtra.

For orchitis, the author insists, with Langlebert and Haraud, on the use of a suspensory which exerts uniform pressure upon the elevated and immobilized testicle.

For catarrh of the bladder, two injections a day, each of twenty-five cubic centimetres (nearly an ounce) of a solution of alum one-fifth of one per cent. in water.

For nocturnal incontinence of urine, he praises the use of a hard bed which causes the patient to awaken easily; a board under the first mattress. If, as is usually the case in Germany, the mattress is made in three sections, the board may be placed only under the middle section.

Ulcers of the leg heal rapidly under a

camphorated mixture held in place by adhesive plaster.

He treats chilblains with the Ruest mixture: equal parts of nitric acid and canella water.—*Lyon Médical*.

**DEATH OF OBSTETRICIAN AND HIS PATIENT.**—(*Lyon Médical*) Dr. Noulet died recently, at Saillons (Drôme), aged eighty years, under the following touching circumstances: Called by a midwife to a woman in labor, he hastened to her, and, while proceeding to deliver, he was stricken with apoplexy; the midwife swooned and the patient died of hemorrhage in default of the attentions so urgently required.—*Revue méd. de Toulouse*.

**CHLORAL IN DYSENTERY.**—(*Lyon Médical*, from *Il Racogliatore medico*) Curci gives first a mild purgative, then chloral combined with chlorate of potash; afterwards, chloral alone in barley gruel, either by the mouth (one to three grams = 15 to 45 grains a day, for an adult), or by enema (10 grams = 154 grains, in 2 liters = 3½ pints of gruel, for 10 injections).

## Extracts and Abstracts.

**EUCALYPTUS GLOBULUS AS AN ANTISEPTIC.**—(*Gaillard's Medical Journal*) The last meeting of the Clinical Society was of considerable interest to surgeons, and especially to those who practice antiseptic surgery as taught by Professor Lister. The subject of carbolic intoxication was raised by Mr. Pearce Gould, who asserted that he had had a fatal result from it, and Mr. Lister assented to his views, so that we may speak with confidence of their substantial truth. For the first time exact, minute pathological changes were identified with the toxic effects of the acid in man, and although the observation needs corroboration, it yet throws light upon much that has been hitherto obscure. We are glad to observe that there was no attempt made to make this case a text for an attack upon any "system," or even upon carbolic acid itself. And we are particularly glad of this because Professor Lister was better

able to make an important statement, which was a most welcome sequel to such a case. He frankly recognized the fact that there are some persons injuriously affected by carbolic acid, and that while many substitutes for it—thymol, salicylic acid, sulphurous acid, and so forth—have been tried at various times, they have all been abandoned on account of drawbacks, even more serious than that attaching to phenol. His trials, however, of the oil of eucalyptus globulus have shown him that while entirely free from toxic or locally irritant effects, it is a perfectly trustworthy antiseptic. Where, therefore, we have reason to fear carbolic absorption, or where the carbolized gauze causes toxic effects, the oil of eucalyptus may be used without in any way imperilling the results of so-called asepticism. But the oil has its own drawbacks: one is its insolubility in water, and another the rapidity with which it evaporates from most of its solutions. An oily solution would very quickly become quite inert as an antiseptic for this reason; resin holds it in combination more firmly, but dammar gum, such as is used in mounting microscopical preparations, is better still, and has been chosen by Professor Lister as the medium for its employment. Gauze impregnated with this mixture and paraffin has been prepared, and is in appearance and feel exactly like carbolized gauze, but unlike it in having an agreeable aromatic odor. Obviously there are other details yet to be worked out, and experience warrants the hope that Professor Lister may soon be able to announce that he has overcome the difficulties they present, and that this new and safe antiseptic can be used as generally and as easily as carbolic acid. In its cost it probably will never rival the acid, nor is it certain that it will supercede it entirely; indeed, Mr. Lister did not for a moment hold out any such idea. Carbolic acid has been well tried as an antiseptic agent, and what we are really in need of is some guidance as to the circumstances in which it is liable to act injuriously. However hopeful we may be at the discovery of an antiseptic agent which is safer than those we now possess, we should yet gladly welcome any additions to our knowledge as to the true meaning or cause of these so-called "special susceptibilities," "idiosyncrasies," and the like, which makes the means of life to one man the very cause of illness or death in another. Perhaps it is hardly to be

hoped that a perfect antiseptic agent devoid of toxic properties for the human body will ever be found; for there are some, if not many, fundamental conditions alike required for the highest and lowest forms of life. The laws governing the development of the bacteria and similar minute organisms, which are roughly classed together as germs, are undoubtedly the same, or at least closely allied to those ruling the growth of the cellular constituents of our own frames. And surprise ought not to be so much excited by the occasional occurrence of toxic symptoms when antiseptic surgery is practiced, as the more striking fact, constantly observed, that these agents can be used with entire success to destroy and prevent the development of these "germs" without destroying or even affecting injuriously the vital processes so akin to them. It would be an easy matter to speak with enthusiasm of the statement of Mr. Lister, and to prophesy the attainment of perfection in the antiseptic treatment of wounds, now that he has provided us with an agent that may be called safe and certain. All such enthusiasm would be out of place, however; the new preparation must be patiently tried; and although it is only right to entertain the hope that it will be found of extreme value, it is demanded in the interest of science that any expression of opinion as to its merits should be suspended until the facts are fully before us. It is not, however, too early to draw attention to the fact that Mr. Lister has afforded us another example of his devotion to science. His name has for years been associated with the use of carbolic acid in the treatment of wounds, and with it he has accomplished remarkable results; but he has kept his mind so open to its defects, that, being the most earnest in the search, he is the first to herald the discovery of a substitute for it.

Would that all of us who have some pet theory or practice could learn this lesson!

#### EMULSION OF CASTOR OIL:—

Castor oil.....	4 drachms;
Powdered gum acacia.....	80 drachms;
Essential oil of almond.....	1 minim;
Simple syrup.....	2 drachms;
Water.....	2 ounces.

Mix the powder with the oil, then add 2 drachms of water and stir till the emulsion is formed, add the remainder, water, syrup and essential oil.

# St. Louis Clinical Record.

EDITED BY

WM. B. HAZARD, M. D.

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Office, No. 5 South High Street.

## Editorial.

TO PHYSICIANS.—We mail a large number of this edition of the CLINICAL RECORD to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

### MUNICIPAL DISPENSARIES.

For many years a central dispensary has been maintained by this city, for the relief of accident cases and to furnish medical attendance and medicines to the indigent sick. The expenditures of this establishment have increased from year to year, although it is well known that only a fraction of the number justly entitled to gratuitous medical services has been reached by this institution. The appropriation for charitable purposes was greatly curtailed by the last municipal assembly, so much so that the supply of drugs for the dispensary was entirely cut off. The reason for this curtailment is alleged to be the want of the necessary funds in the city treasury, but, it is surmised, a desire to compel the resignation of our present Health Commissioner has really been the controlling motive.

At all events, the experiment is on trial, and, thus far, there seems to be no reason to regret its having been made. As intimated above, only a portion of the poor were helped by the old dispensary, and the charitable labors of physicians in large districts north, south and west, were not appreciably lightened.

The medical colleges, who alone have an interest in treating the sick gratuitously,

have all offered to perform this service free of expense to the city. They would derive a substantial benefit from the clinical material they would have furnished for their classes, and there seems no good reason why they should not be permitted to avail themselves of what must prove, indirectly, a source of revenue. Physicians do an incalculable amount of work from which they can not expect any pecuniary return, hence it is only just that the rising medical generation should have all the benefit it is possible to derive from the pauper class of patients. In a municipal dispensary such instruction is, of necessity, shut off from the medical student. The jealousy of rival medical schools is sufficient to exclude the students of all of them from these benefits.

Impositions are continually practiced upon a large institution of this kind which would not be attempted were the city divided into districts of limited extent. The limited staff of a great central institution cannot inquire into the circumstances of applicants for relief, while college departments of the same kind, attended or supervised by practitioners in active practice, would be far less exposed to fraudulent applications.

It follows, as a matter of course, that the time and skill devoted to the investigation of a few cases must bring better results, other things being equal, than if five or six times the number are cursorily examined and prescribed for in the same time.

Thus it seems that there are many reasons for indorsing the action of the Health Commissioner in closing the free drug store at the City Hall. A lessening of expense, a more careful selection of those worthy of charity from the chronic "dead beats," a better service for those really deserving of medical aid, and rendering available for instruction of a large amount of valuable clinical material, are among these benefits.

If the Health Commissioner's record, on proper investigation, be found such as to necessitate his removal or render it desira-

ble, of course he ought to be removed by due process; but if nothing worse can be brought against him than the fact that he belongs to the losing political faction, then, in all fairness, we trust the starving-out process will not be further essayed against him. We opposed his appointment and reappointment, and have criticised his public actions whenever we have seen cause for criticism, but we believe in "fair play," no matter who is concerned.

### INSANE CRIMINALS.

The last General Assembly of the State of Missouri passed one bill which we can cordially commend; this was one making provision for a very dangerous element in our prison population. Below is the text of the bill referred to:

SECTION 1. If any person, after having been convicted of any crime or misdemeanor, become insane before the execution or expiration of the sentence of the court, it shall be the duty of the Governor of the State to inquire into the facts, and he may pardon such lunatic, commute or suspend for the time being, the execution of such sentence, and may, by his warrant to the sheriff of the proper county, or the warden of the Penitentiary, order such lunatic to be conveyed to the Lunatic Asylum and kept there until restored to reason. If the sentence of such lunatic is suspended by the Governor it shall be executed upon him after the period of suspension has expired, and the expense of conveying such lunatics to the asylum shall be audited and paid out of the fund appropriated for the payment of criminal costs. And the expenses at the asylum for his board and clothing shall be paid as is provided in sections 4,144 and 4,145, as the case may be, and for this purpose the same power is vested in the Governor as is vested by the respective sections in the court trying the case.

SECTION 2. For the purpose of erecting and furnishing a suitable building for the accommodation and treatment of insane criminals upon the premises of the State Lunatic Asylum at Fulton, the sum of \$15,000 is hereby appropriated out of any money in the revenue fund of the State

Treasury not otherwise appropriated, to be expended for that purpose under the authority of the Board of Managers of that institution, subject to the approval of the Governor, and it shall be the duty of the State Auditor, on the requisition of said Board of Managers, to issue his warrant on the State Treasurer in favor of the Treasurer of said institution for the purposes herein mentioned.

The new building is in process of construction, and before many months this State will have made full provision for the merciful treatment of a very unfortunate class. The only fault we have to find with the bill is that no provision is made for the reception of destructive lunatics who escape punishment because of lunacy proved to exist at the time of the commission of the act of violence for which they have been arraigned. When the building shall have been completed, future legislators may remedy this defect. Such a provision would render the plea of insanity in criminal cases much less fashionable than it is at present, and at the same time, protect such unfortunates as Redemair from the barbarity of which he was the victim.

CONCERNING LETTERS.—We have always supposed that a letter remains the property of the writer, and that unauthorized publication of correspondence amounts to a breach of courtesy of which no honorable man would be guilty. Although we do not have the authorities at hand, we have no doubt but that such publication is illegal and would subject the offender against the unwritten code of gentlemen to legal penalties.

These remarks are called forth by the action of an alleged author, one A. W. Hall, of New York, who has presumed to print some correspondence between the editor of this journal and himself without so much as asking permission to do so. This correspondence was *private* and not intended for publication. There is nothing contained in the letters written by myself of which we are ashamed, but we do protest

against such a breach of courtesy as the publication of our hastily written private letters without our permission. *Elder(?)* Hall may be a very acute casuist and skillful splitter of hairs in a controversy but—we are reluctantly compelled to say—he fails to exhibit those fine traits of character which would cause him to be recognized as a gentleman!

**EUCALYPTOL.**—In another column we reprint an extract which shows that Mr. Lister has become a convert to the “antiseptic of the future.” It must be remembered that the eucalyptus oil which has antiseptic and non-irritating qualities is that derived from the leaves of the *Eucalyptus globulus*; that from the wood, as demonstrated by Dr. Sander, in the last volume of the **CLINICAL RECORD**, differs in unessential particulars only from oil of turpentine and possesses no advantages over the product of the pine tree. The true etherial oil, however, is not irritating, and while a much more powerful antiseptic than carbolic acid, has a very agreeable odor. The cost is much greater than that of carbolic acid, but the small quantity necessary renders it nearly as inexpensive.

**AUTHORS** and publishers of worthless books are becoming quite cautious; they seldom ask our opinion regarding their productions. This shows good sense on their part and a soundness of judgment regarding the quality of their wares which certainly *ought* to induce them to refrain from publishing such trash at all. It likewise entails considerable expense upon the manager of this journal which, however, is cheerfully incurred for the benefit of our readers.

**NITRITE OF AMYL** will be found a very effectual remedy in chordee and painful priapism. We have recently prescribed it for those conditions with very satisfactory results. Three to five drops, by inhalation, is the proper dose.

**LACTOPEPTINE**, combined with bismuth subnitrate, forms the basis of treatment of cholera infantum in the practice of one of our most successful practitioners. We advise a thorough trial of its virtues.

## Bibliography.

**LECTURES ON DISEASES OF THE NERVOUS SYSTEM, Especially in Women.** By S. Weir Mitchell, M. D., Physician to the Orthopaedic Hospital, and Infirmary for Diseases of the Nervous system of Philadelphia, etc. 12mo. pp. 238, with five plates. Cloth, \$1 75. Philadelphia: Henry C. Lea's Son & Co. St. Louis: H. R. Hildreth Pr'tg Co.

The thirteen lectures included in this modest volume will be found extremely interesting and valuable by every medical practitioner. The researches of the last few years, especially those of Charcot and his pupils, have given a new interest to hysteria and cognate subjects. The successful treatment of these cases is so often despaired of that any information bearing upon it should be received with more than ordinary pleasure. Dr. Mitchell, some years since, gave us an important contribution towards this important result in his monograph on “Fat and Blood,” and in his lecture in Seguin's Series on “Rest in the Treatment of Disease,” which have obtained still greater favor by their indorsement by Dr. Goodell in his excellent “Lessons on Gynecology.” Throughout this volume, and particularly in the concluding chapter, he refers to the methods of treatment he has heretofore commended and asserts that time has proved the correctness of the principles he has enunciated.

The first lecture here given is devoted to the Paralyzes of Hysteria. Aside from the minute and exact directions for the treatment of the four different forms of paralytic affection he describes, this chapter is of interest because of the allusion to three deaths he has known in hysteria. “All were abrupt, and two were due to acute

congestion of the kidneys." This cause of sudden death in hysterical attacks was alluded to by Dujardin-Beaumetz, at the meeting of the Société Médicale des Hôpitaux, January 15, 1880 (*Gazette des Hôpitaux*, No. 13, 1880), but Dr. Mitchell does not refer to the fact. We presume his observations were made without knowledge of the French reports, but they might have been mentioned. The following paragraph is of much interest in view of the fact that so many physicians consider all hysterical symptoms as simulations:

"The reliefs of distinct hystero-palsies are said to be often abrupt. Under emotion or return of the menstrual flow, or an order from some one, the patient gets well. I must say that in hystero-hemiplegia, with loss of feeling, I have not been so happy as to see these delightful cures. In hysteria with mere paresis, in the palsies from belief, or from a ruling idea, I have seen such results many times. Neither do I believe that all hysteria is after a time within the control of the sick person; nor that she can in all instances run away in case of a fire, according to a popular medical belief. In fact, I have now in my care a lady who was so tested by chance, and who utterly failed to do more than fall down in her effort to escape from a house on fire."

In addition to rest, feeding, massage and electricity, there must be a slow, steady, hopeful training of the will powers through every-day effort, in order to attain a cure in these cases. Patience, persistence and caution must mark the physician who would successfully treat the graver forms of hystero-palsies.

The second lecture treats of hysterical motor ataxia, and paresis from the same causation. The ease with which such patients become feverish is alluded to—an important point in diagnosis. The absolute uselessness of the drugs formerly relied upon (and still considered trustworthy by many) in the treatment of the different forms of hysteria is plainly stated.

Two very interesting and valuable lectures on Mimicry of Disease succeed these, the last of which contains a very suggestive

self-analysis of a case of mimicry, and the confession of another simulator. These alone are worth the price of the book.

The fifth lecture describes some curious cases of spasmodic affections in women, one of the most remarkable being one of simulated athetosis.

Tremor and chronic spasm form the subjects of the sixth lecture. Among the cases of chronic spasm are several extremely interesting ones. Some of the cases were relieved by injections of full doses of atropia into the contracted muscles after the failure of all other methods of treatment.

Lecture VII, on Chorea of Childhood contains the results of an elaborate series of studies made by Dr. Mitchell on the etiology of this disease. He has demonstrated its infrequency among the Negroes and mulattoes, and that a curious relationship exists between relative humidity of the atmosphere and the occurrence of storms, on the one hand, and the invasions of chorea on the other. These investigations are illustrated by charts which show a remarkable coincidence between the atmospheric disturbances and the occurrence of choreal attacks. These researches are of great value and point out a line for future work which cannot fail to yield important results.

Habit Chorea and its Treatment form the subjects of the next lecture. The use of arsenic hypodermically is praised, but no reference is made to Hammond's observations in this regard.

The ninth lecture deals with certain remarkable disorders of sleep in nervous or hysterical persons. A homœopathic author(?) has elaborated this chapter into a book, we believe, which must be peculiarly gratifying to Dr. Mitchell! Some of these cases may prove to be really epileptic on further investigation. Their relationship to epilepsy is admitted by the author, but the fact that they are effectually overcome by the bromides seems to us to signify something more than this.

The tenth lecture treats of vaso-motor

and respiratory disorders in the nervous or hysterical; that which follows is on hysterical aphonia; and the twelfth is on gastro-intestinal disorders of hysteria. A number of remarkable cases are related, which are as instructive as they are noteworthy.

The concluding chapter, as before stated, is occupied with the treatment of obstinate cases of nervous exhaustion and hysteria by seclusion, rest, massage, electricity, and full feeding. Its value cannot be fully appreciated by any one who has not read it. It is the matured fruit of long experience in the treatment of the most troublesome cases that can come under the care of the physician.

In conclusion we must thank Dr. Mitchell for one of the most instructive books of the year. The author's style is peculiarly graceful and gives a charm to his most common-place observations, to say nothing of the interest excited by the unusual character of the subjects here delineated. The author is not a voluminous writer, but whenever he has anything to say we may be sure it is of value, and that it will be well said.

**LECTURES UPON DISEASES OF THE RECTUM and the Surgery of the Lower Bowel.** Delivered at the Bellevue Hospital Medical College. By W. H. Van Buren, M. D., LL. D. (Yalen.), Professor of the Principles and Practice of Surgery in the Bellevue Hosp. Med. College, etc. 8vo. pp. 412. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1881. St. Louis: Book & News Co. Cloth, \$3.

The first edition, published in 1874, was a very valuable work; the new one is rather a new book than a revised edition. It is written in a style that is clear and readable and will add to the well-earned reputation of its author. This field of surgery is frequently neglected by the general practitioner, but well repays careful cultivation. This renders it one of the favorite subjects for the advertising quack. A thorough study of these excellent "Lec-

tures" by the profession will render the ground less productive for those gentry.

In the treatment of internal hemorrhoids, the author still prefers the ligature to excision or the actual cautery, although he gives the latter method more credit than, possibly, it deserves. We have no doubt but the ligature is just as certain in its results and, at the same time, a safer method of treating this troublesome affection.

The author's views regarding the relation of syphilis to benign strictures of the rectum will be formally endorsed by all who have had much experience with them. The vast majority of such cases have their origin in syphilis.

The illustrations are well chosen and the mechanical execution of the volume leaves nothing to be desired. We have no hesitation in commending this as the best work on the subjects discussed accessible to the profession in this country.

#### MORTON'S POCKET SERIES, I, II:—

**I. DIET FOR THE SICK.** By J. W. Holland, M. D., Professor of Mat. Med., Therapeutics, etc., in the University of Louisville. 16mo. pp. 68, in paper, 25 cents. Louisville: John P. Morton & Co., Publishers, 1880.

**II. APHORISMS IN FRACTURES.** By Richard O. Cowling, M. D., Professor of Principles and Practice of Surgery in the Univ. of Louisville, 16mo. in paper, 25 cents. Louisville: John P. Morton & Co. 1881.

I. Dr. Holland is a very graceful writer, and this *brochure* will be found very valuable reading by both physician and laity.

II. Dr. Cowling devoted much time and labor to the compilation of this little monograph. It is dogmatic in style and the author's ideas are clearly expressed. When published first, in the columns of the Louisville *Medical News*, these "Aphorisms" called forth considerable criticism—mostly very favorable, of which the author availed himself when preparing this reprint.

The younger practitioner of surgery will find much "aid and comfort" in this last work of the lamented Cowling. From the

excellence of judgment herein displayed, we may be sure he would have done much good work as a surgeon and surgical writer had his life been spared a few years longer.

#### WOOD'S LIBRARY, XII:—

**MINOR SURGICAL GYNECOLOGY.** A Manual of Uterine Diagnosis and the Lesser Technicalities of Gynecological Practice for the use of the Advanced Student and General Practitioner. By Paul F. Mundé, M. D., Professor of Gynecology in Dartmouth Medical College, etc. 8vo. pp. 331, with 300 illustrations. New York: Wm. Wood & Co., 27 Great Jones street. 1880. St. Louis: C. C. Pease, 514 Olive street, sole agent. Cloth, \$1 25. Sold by subscription only.

The accomplished editor of the *American Journal of Obstetrics* has produced a very useful book, we judge, although we pretend to no particular expertness in the "American Science." No more able writer could have been selected to furnish the neophyte in gynecology with the thousand and one details so necessary for the successful practice of the specialty. Dr. Mundé's experience as editor of the only great journal devoted to such subjects published in our language, as a practitioner of the art, and as a teacher, has eminently prepared him for the work he has undertaken. As a matter of course, he has done his work well. The volume forms the concluding number of a very valuable series.

**AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY.** By T. Henry Green, M. D., Lond., Phys. to Charing Cross Hospital, etc. Fourth American, from the fifth revised and enlarged English edition. 8vo. pp. 347, with 138 fine engravings. Cloth, \$2 25. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Prtg Co.

This work has passed through its successive editions so rapidly as to give the reviewer very little occasion to do more than announce them. The changes and improvements are not very considerable, but serve to bring the work fully up to date. The great demand for the book, evidenced

by the sale of so many editions within a very few years, is the best proof of its value. After examining this latest one somewhat closely, we can give it our approval as the best student's work on the subject published in America. It is full enough for all practical purposes, and not burdened with a vast amount of useless verbiage.

#### BOOKS & PAMPHLETS RECEIVED.

**THE CHEMISTRY OF MEDICINES, PRACTICAL.** A Text and Reference Book for the use of Students, Physicians and Pharmacists, embodying the Principles of Chemical Physiology and their Application to those Chemicals that are used in Medicine and in Pharmacy, including all those that are Official in the Pharmacopœia of the United States. By J. U. Lloyd, Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O., etc. Second edition. 12mo. pp. 451, with 50 original cuts. Cloth, \$2 75; leather, \$3 25. Cincinnati: Robert Clarke & Co. 1881. From the Author.

**ATLAS OF GYNECOLOGY AND OBSTETRICS.** Edited by Dr. A. Martin, Professor of Gynecology at the University of Berlin. Containing 475 Black and 37 Colored Illustrations from the original designs of Beigel, Virchow, Hyrtle, and others, supplemented by numerous illustrations from J. P. Maygrice's *Nouvelles Demonstrations d'Accouchements*. In 15 parts, \$1 each. Parts I, II, III and IV. A. E. Wilde & Co., Publishers, Cincinnati, Ohio. No subscriptions received for less than the entire work.

**HYGIENE AND TREATMENT OF CATARRH, PART II.** Therapeutic and Operative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears. By Thos. F. Rumbold, M. D., 12mo. pp. 467, with 40 illustrations. St. Louis: Geo. O. Rumbold & Co. 1881. Cloth, \$2 50.

**INDEX CATALOGUE** of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Vol. II. Berlioz-Cholas. 4to. pp. 990. Washington: Government Printing Office. 1881. From the Surgeon-General U. S. Army.

**MEDICAL ELECTRICITY:** a Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A. M., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. 8vo. pp. 262, with 96 illustrations. Cloth, \$2 50. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: Hildreth Printing Co.

#### LITERARY NOTES:—

THE *North American Review* for June contains a number of excellent papers: Ex-Secretary of the Treasury, Hugh McCulloch, treats of what he thinks our future fiscal policy ought to be. In this he defends the national bank system, advocates the universal remonitization of silver, and the subsidizing of American lines of steamships. Congressman Geo. B. Loring writes on The Patrician Element in American Society; the strongest popular element, that is to say, that portion of the people engaged in developing the mental, moral and material growth of the Republic, is recognized as the "patrician element" in this country. Dorman B. Eaton replies to a recent paper by Judge Tourgee, in a caustic article entitled A New Phase of the Reform Movement. Prof. W. G. Sumner discloses the fallacies of the protectionists in general and of the great ship-builder, John Roach, in particular, in a short paper entitled Shall Americans Own Ships? His answer is: Yes, if it pays to own them. Fred Douglas writes an impassioned protest and strong argument against The Color Line. M. Charnay continues his highly interesting series on the Ruins of Central America; those of far-famed Palenque being partially described in this number. An article on Vaccination, by the elder Prof. A. Flint, contains nothing new, but will be found seasonable. J. M. Mason argues in favor of the right of the government to regulate railway charges. Prof. E. S. Morse's paper on Prehistoric Man in America, is an important contribution to

the elucidation of the hypothesis of evolution. Published by D. Appleton & Co., N. Y., \$5 a year; single numbers, 50 cents.

THE *Popular Science Monthly* for June contains a number of articles of especial interest to the physician; among which we note an abridgement of Sir Joseph Fayrer's paper on Sunstroke and Some of its Sequelæ, from *Brain*; the first part of Alex. Graham Bell's description of the "Photophone," entitled "Production of Sound by Radiant Energy"—one of the most startling developments of modern science—the first of an interesting and intelligible paper on "Degeneration," by Dr. Andrew Wilson; a translation from *La Nature*, from the pen of Gaston Tissandier, on the Natural Production of Alcohol; Professor Helmholtz's Faraday Lecture before the Chemical Society of London, on the Modern Development of Faraday's Conception of Electricity, and a short sketch, from the *Spectator*, of the Mental Effects of Earthquakes. A good portrait and biographical sketch of the great agricultural chemist, Prof. Julius Adolph Stöckhardt, adds interest to this excellent number. There is no American publication better calculated to diffuse scientific knowledge among the people than the *Popular Science Monthly*. Published by the Appletons, of New York, at \$5 a year.

**HOLMES' SURGERY.**—Messrs. Henry C. Lea's Son & Co., of Philadelphia, announce that they have in preparation an "Americanized" edition of this great surgical library. The five volumes of the English edition will be condensed into three imperial octavo volumes of about 1,000 pages each, containing over 1,000 wood engravings and 13 colored lithographic plates.

The original work was written by the best English authorities, but the lapse of time has rendered some of the articles antiquated, while some subjects are very incomplete from the American point of view. New papers on diseases of the skin, by Dr.

Van Harlingen, of Philadelphia, and on diseases of the absorbent system, by Dr. S. C. Busey, of Washington, have been prepared specially for this edition. The best American surgical writers will revise every chapter and adapt the work to the needs of the profession.

It will be sold by subscription only. We hope this great work will meet with the liberal encouragement it deserves. The price of sets will be, in cloth, \$18 00; in leather, \$21 00, and in elegant half-Russia, \$22 50.

### Miscellaneous Notes.

THE fifth annual meeting of the American Dermatological Association will be held at Newport, R. I., Aug. 30 and 31, and Sept. 1, 1880.

THE first regular meeting of the American Surgical Society will be held at the Oriental Hotel, Coney Island, Sept. 13, 14 and 15, 1881.

THE odor of iodoform may be effectually concealed by the addition of a few drops of tincture of musk. This applies not only to the drug in powder, but to ointments and other compounds containing it.

THE Kansas State Medical Society held its fifteenth annual meeting at Topeka, on May 10. The following named gentlemen were elected officers for the ensuing year: President, Dr. J. H. Stuart, of Lawrence. Vice-Presidents, Drs. Haldeman, of Paoli, and Guibor, of Beloit. Secretary, Dr. F. D. Morse, of Lawrence. Emporia was selected for the next place of meeting, which will be on the second Tuesday in May, 1882.

PALATABLE QUININE.—Dr. E. R. Dodson (*Maryland Med. Journal*) states that the unpleasant taste of quinine is largely ameliorated by giving it in Liebig's liquid extract of beef. He says that when this preparation of beef is given before the quinine, it appears to prepare the stomach for its reception.

CASCARA AMARGA IN SYPHILIS.—Dr. A. J. Roe, of Taylorville, Ill., gives (*Therapeutic Gazette*, May, 1881) a report of an obstinate case of syphilis which had resisted all kinds of treatment for twelve years, which was apparently cured by the use of this new preparation. /

When the patient began taking it his condition was as follows: Little or no appetite, skin dry and harsh, bowels constipated, indisposition to exertion and great mental depression, with periodical spells of irritability. There were also ulcers on the inside of both cheeks and lips, with considerable thickening and deep ulcerations and fissures on the tongue, which was ragged on the edge and caused him considerable pain. These conditions had existed for years, getting better and then worse again, but never entirely disappearing.

Besides the cascara amarga internally, the patient was directed to use the following combination as a wash for the ulcerations in the mouth: One part of pure carbolic acid crystals was mixed with two parts of gum camphor, and set aside until liquified; thirty grains of iodoform were added to each ounce of this mixture. Indulgence in alcoholics and tobacco was strictly prohibited—Dr. Roe considering total abstinence from both as essential to successful treatment.

Parke, Davis & Co.'s fluid extract of cascara amarga was given in teaspoonful doses three times a day, diluted with a tumblerful of water before each meal; this treatment was kept up until a pound and a half of the fluid extract was taken, when all symptoms of syphilis disappeared—no other medicine was used during the entire treatment by the cascara. The patient has regained strength and weight, while the symptoms of nervous irritability have disappeared. Dr. Roe concludes, from this case, that this drug has some specific powers in syphilis.

MIGRATIONS OF THE OVUM.—(*Medical Times and Gazette*, Feb. 1881) To settle the question whether or not it is possible for ova to travel across part of the peritoneal cavity or that of the uterus, Dr. Leopold, of Leipzig, has performed some important experiments. In these he made use of eight rabbits. In each case he opened the abdomen, tied the right Fallopian tube in two places and cut out the piece between the ligatures; the left ovary

was carefully removed, then the abdominal wound was closed. After thorough recovery, each animal was put to the male. In six cases the result was entirely negative, but in two pregnancy followed. The abdomen of the latter was opened; in one, four placenta were found in the left horn of the uterus, and one in the right. In the other, there were three placenta in the left horn, and two in the right.

He thinks that these experiments settle the question. In these rabbits ova could only reach the uterus by traveling across the peritoneum from the right ovary to the left Fallopian tube; and could get into the right horn of the uterus by passing down the left horn and up the right. They prove, therefore, that it is possible for ova to migrate, not only across the peritoneum, but across the uterine cavity.

**ACTION OF CHLOROFORM, ETHIDENE, AND ETHER COMPARED.**—(New York *Medical Journal*, for May, 1881) Dr. Gasper Griswold, of New York, thus compares the effects of these anæsthetics: *Clinical*.—1. The dose (administered on a towel) is greater with ethidene than chloroform; the time required to anæsthetize the patient is longer with chloroform. 2. Vomiting is equally frequent in the case of both agents, but is more protracted in that of chloroform; this symptom occurs independently of the duration of anæsthesia or the quantity of anæsthetic administered. 3. With both agents the pulse is retarded and fails, while the respirations become more frequent; these changes are more frequent and more marked with chloroform. *Physiological*.—1. Chloroform and ethidene, in animals, reduce the blood pressure decidedly—chloroform more rapidly and more decidedly; ether does not affect the blood pressure unfavorably. Chloroform may reduce the blood pressure suddenly and apparently capriciously; ethidene has not been observed to do this. 3. In one instance, artificial respiration restored a dog whose heart had stopped beating, for a considerable time, from the effect of chloroform; it is therefore an efficient means of resuscitation. 4. Ethidene seems much safer than chloroform; in no instance has the heart or respiration, though sometimes much reduced, stopped entirely during its administration. 5. Chloroform affects the pulmonary circulation most; ethidene next; ether least. 6. The quantity of air and

the time required to restore the circulation in the lungs are in inverse ratio to the amount of anæsthetic vapor and time necessary to stop it. 7. The changes produced in the lungs are the same in all, the only difference being in the rapidity of their occurrence; these changes are: (1) retardation and ultimate stoppage of the circulation in the lungs, first in the capillaries, then in the arterioles, etc.; (2) the epithelium cells and their nuclei disappear; (3) the capillaries contract, their walls become less distinct or disappear, and the contained corpuscles disintegrate. *Practical*.—1. It is necessary to remember that frequency of the respirations denotes heart failure, and that diminished blood pressure may show itself by respiratory failure from anæmia of the medulla. 2. It is essential that the possibility of chloroform and ethidene—especially chloroform—reducing the blood pressure suddenly, even after their administration has been stopped for some little time, should not be lost sight of. Artificial respiration should be continued, even though all evidence of cardiac action has ceased. 3. As regards comparative danger, the order is: chloroform, ethidene, ether; as regards facility of resuscitation, the order is inverted: ether, ethidene, chloroform. 4. The danger with chloroform is silent and sudden, approaches from the cardiac side, and is difficult to meet; the danger with ether is noisy and progressive, approaches from the pulmonary side, and may be efficiently warded off by artificial respiration. Ethidene resembles chloroform, but is less dangerous.

**FÆTID FOOT-SWEATING** is obviated by soaking the stockings every night in a solution of boracic acid, also the cork soles—which should be worn by those afflicted—in the same solution. Of course these should be dried before being again worn, which necessitates duplicate sets of stockings and cork soles. Mr. Thin, who gives this advice in the *British Medical Journal*, has found that the factor depends upon the presence of a special form of organism, the *bacteria fœtidum*, which are destroyed by the boracic acid.

**LISTERINE**, the new antiseptic combination, is earning a most enviable reputation, if we can trust some very competent observers.

# ST. LOUIS CLINICAL RECORD.

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NO. 4.

## Original Lectures.

### DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FÆTUS.

*Modified from a Series of Twenty-four Lectures on Embryology, Delivered in the Calumbia Veterinary College, Sessions 1878-79 and 1879-80.*

BY EDWARD C. SPITZKA, M. D.,

Late Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Curator and Pathologist of the N. Y. Medico-Legal Society; Consulting Physician to the DeQuincey Home; W. and S. Tuke Prize Essayist; Wm. A. Hammond Prize Essayist. Member of the American Neurological Association. Etc., etc., etc.

#### LECTURE XII.

The hiatus which has occurred in the publication of these papers may justify a brief survey of the ground so far gone over before resuming the thread of our description.

Having enumerated the integral constituents of the ripe ovum as found in the ovary in the first chapter, its fertilization and the important division of the egg-mass into segmentation spheres in the second; the third was devoted to an account of the signification and function of the different substances of the egg, which were explained by a comparative study of the ova of different animals. In the fourth chapter, the embryonic envelopes and the first steps taken in the nutrition of the embryo occupied our attention; in the fifth, the arrangement of the segmentation spheres into germ layers was considered,

and the examination of the axial structures whose development in the upper two germ layers, established the veterbral nature of the embryo, filled the sixth chapter. The organization of the great somatic systems could now properly claim our attention. The seventh chapter contained an account of the most important axial structure, the central nervous system; the eighth, of the lateral protovertebræ, so important in the building up of bone, muscle and connective tissue; the ninth, of the primitive vascular system and the first trace of the heart; the tenth, of the vertebral column, and the eleventh of its cephalic terminus, the skull.

With all the changes occurring in the shape and internal structure of the embryo, the external surface of its entire periphery remains covered by the epiblast, that is by that portion of the epiblast which remained behind, after the portion devoted to the central nervous system became isolated.—

(CLINICAL RECORD, April, 1880, page 8)—This covering epiblast, with certain local exceptions to be specified, is devoted to the formation of the skin and its appendages.\*

From its epithelium-like character, noticed even in the first development of the epiblast, the histologist will readily infer that the true epithelial structures alone are derived from the epiblast, while the connective tissue is contributed by the mesoblast. At first, the epiblast-epithelium simply overlies the mesoblast—*cutis vera* as

\*I speak here only of the body epiblast, it should not be forgotten that at the umbilicus the epiblast is reflected on the inner surface of the amnion.

a flat expanse. Its lower layers proliferate and supply the upper layers by growing and maturing towards the surface; thus replacing the effete epithelia worn away at the surface. Soon, however, the *cutis vera* shows irregularities like little mountains penetrating into the lower layers of the epidermis (epiblast-epithelium), at about the sixth month, these elevations become veritable papillæ. In the extremities of the papillæ, and hence also derived from the mesoblast, the tactile bodies of Meissner are developed; their study belongs to histology. While the *cutis vera*, or *derma*, sends encroaching processes into the *stratum Malphigii* of the epidermis, the epidermis in its turn reciprocates and detaches solid columns of epithelial cells into the derma. As if this encroachment stimulated the *derma* to extra resistance, it sends a counter process into the epithelial process, and invaginates it, as it were, from below. On section through the skin, there would be seen a shaft sunk into the derma, filled by epithelial cells raised on the skin surface like a hillock, and a conical *derma* process penetrating upwards into the cell mass filling the shaft. The derma cone grows further and further, it raises the hillock as it approaches the surface, finally breaks through, becomes free, and lined on its contour with the epithelial cells it has carried before it, constitutes a *hair*. A hair is, hence, the the homologue of a cutaneous papilla; a derma core with an epidermis covering.

One or more lateral off-shoots from the shaft mass, become developed into sebaceous follicles.

The nails are nothing but indurations of the epiblast cells, the ridges beneath them are analogous to the papillary structures, and appertain to the derma. A delicate proliferating intermediate layer corresponds to the *rete Malphigii* and is epithelial. In the ungulate mammalia the nail structures attain an enormous development in the shape of hoofs, especially in the solipeds or the horse tribe. Here the beautiful podophyl-

lous laminæ are nothing but exaggerated derma ridges, complicated by the superposition of lateral branches and leaflets, for interdigitation with the podophyllous laminæ of the true hoof-horn which corresponds to the nail ridges. Between the two the rich layer of soft epithelial cells, or the so-called keratogenic membrane corresponds to the *rete Malphigii*. The scales of reptiles, the feathers of birds, the antlers of the deer, the spines of the hedgehog, the shield of the turtle and armadillo, the cutaneous plates of the alligator and the horns of the rhinoceros are all derived from the peculiar combination of derma and epiblast elements.

The mammary gland is in its derivation a skin appendage; it is developed in the same manner as was described for the sebaceous follicles, and in both sexes. In the female it has an important function to fulfill and receives a new impetus at puberty; in the male, except in aberrant cases it remains rudimentary. At first the epithelia of the lowest stratum derived from the epiblast; the *rete Malphigii* detach a projection downwards. This projection is originally broad and flat, lenticular-as it were, but soon it sends off secondary projections from its main mass, and these constitute the tubuli of this gland, which occupies the anomalous position of being at some times an acinous and at others a non-acinous gland. The embryonic community, in origin of the mammary and sebaceous follicles, is an interesting fact when viewed in the light of comparative anatomy. In the ornithorynchus, the lowest known mammal, the mammary glandules open on a broad area of the skin, by numerous openings analogous to those of the sebaceous follicles.

Little remains to be said about the "hypoderma," that is the cellular tissue underlying the cutis or derma. Developed from the mesoblast like the latter, it is intimately connected with that of the blood-vessels. Each loop of a cutaneous artery gives off a special branch forming a capil-

lary plexus, within which fat accumulates. Thus the lobular arrangement of the adipose tissue, and the beautiful loops which envelope them, visible in injected specimens, are explained.

It has been dimly hinted that certain parts of the surface epiblast, did not develop into skin-epidermis, but contributed to the formation of organs of special sense and other structures. These are the region of the olfactory fossettes, the crystalline lens, and the aperture of the eye, the labyrinthine vesicle and the oral fossette.

The olfactory fossettes are two depressions of the superficial epiblast, in which the epithelia are higher and more cylindrical. They represent that part of the nasal cavity only which in the adult is endowed with the olfactory epithelia—the *regio olfactoria*. They themselves lie on the declivity of an enormous gap, enclosed in the early embryo by the bulging convexity of the fore-brain above and on the sides by the visceral or branchial arches; this is the oral fossette, and corresponds to more than the mouth merely. As stated in the eighth lecture, the first visceral arch sends one process below the oral fossette to coalesce with that of the opposite side, as the lower jaw; the forehead sends down another in the median line which, meeting the coalescing upper branches, separates the two nasal cavities from the mouth proper. In reality, the oral cavity and the nasal cavities were originally one. The epiblast lines all of them, and, as stated in a previous lecture, even meets the hypoblast of the pharynx, and forms an unbroken partition between the mouth and the latter. This thins out subsequently and breaks, so that the opening of the fauces is established. Nor do the nasal cavities originally open into the pharynx; as in fishes, they end blindly, and their communication with the pharynx through the posterior nares is established secondarily, like that of the mouth. The tongue developing as a simple elevation at the floor of the oral fossette is

covered, therefore, like the jaw ridges, by epiblast, and not hypoblast, epithelium. Hence, the gustatory, like the olfactory and auditory epithelia are developed, like the nervous system and the retina, from the epiblast.\*

About this time the human face begins to be indicated in the developmental transit from the foetal to the embryonic stage. At first bearing no resemblance to anything so much as to a shark's embryo, then when the eyes are prominent and the lower jaw circle complete, looking like some uncouth monster, and, later, like a caricature of the human face divine; it now, by the formation of lids, lips and the nose elevation, distinctly asserts its parentage.

The epiblast covering the mesoblast of the maxillary ridges, in which the alveolar processes of the maxillary bones are being developed at this period, plays an important role in the formation of the teeth. And the formation of the teeth is not without its analogies to that of the hairs and other cutaneous appendages, which, it will be recollected, were also due to the mutual operation of the mesoblast and epiblast. In the case of certain fishes, it would be impossible to establish a fundamental criterion between the spines of the skin and the teeth of the mouth; the analogy being so great that the former possess true enamel and dentine!

The first indication of tooth development is an involution of the epiblast into the maxillary ridges for their entire length; this is the dental groove. At about the end of the second month little fossettes are found at different points of this groove, the individual dental fossettes. Each fossette is lined by epithelium; that at its floor, is raised by a conical mesoblast papilla, which soon fills up the space of the fossette. The groove opening of the fossette has meanwhile become obliterated, and the *tooth-papilla* is located in a veritable dental sac.

\* Goette alone claims that the gustatory epithelia are derived from the hypoblast.

The important office of the epithelium of the dental sac is to form the enamel, whose epithelial derivation and opposition in layers proceeding from the dentine outwards, is clear even in the adult life, in its structure. The cells forming the enamel undergo dissolution when the enamel is completed, and in animals like the horse or mastodon or elephant, who possess cement, an outer layer whose derivation is doubtful, develops osteoblasts, and from these a bony structure, the cement. To my mind it has always seemed as if the osteogenic derivation were not foreign to the alveolar processes. At any rate, it is universally agreed that the cement is derived from connective tissue elements, and that the enamel alone is of an epithelial derivation. Nor must it be supposed, as some textbooks claim, that the enamel is the result of a direct metamorphosis, a vitrification of the epithelial cells themselves. The enamel is a vitrifying *excretion* from the cells, and after the cells have finished their work, they die, and give place to the cement-cells where cement is to be formed. In man, as is well known, no cement is formed at the tooth-crowns. The derivation of the dentine and the enclosed pulp from the mesoblast tooth-papilla is very simple. The whole tooth-papilla is originally a soft, almost gelatinous connective tissue with numerous cells, sending out their protoplasmic processes to the inner face of the enamel. An ossific deposit first takes place at the inner face of the enamel, and progressively advances inwards; it always takes place around the processes, and pushes the cell bodies toward the axis of the tooth. The result is that the dentine exhibits a tubular structure, that the long cell processes fill the tubes, and that the cell bodies and the greater vascular loops are concentrated at the center of the tooth as its soft pulp. The pulps may be looked upon as unossified dentine, or the dentine as an ossified pulp. The changes here described will answer for the teeth of all mam-

mals and especially man, a knowledge of whose teeth is less valuable generally than that of the horse's teeth(?). The growth and development of the latter is more complicated, and their wear and tear affords such important indications of the age of the animal, that jockeys knowing that professional men are in duty bound not to appear ignorant, even in regard to a horse's age, get up imitation marks to mask the age of a venerable creature, through the art known as "bishoping." I know of no better guarantee against such a hoax than a brief study of the embryology of the horse's tooth, the true nature of its marks and the mechanism of their evolution. The jockey is too ignorant to imitate nature, and can deceive only those who pretend to be "posted," or think they must appear to be "posted," on that which they could really learn in a short time and a trifling expense at the proper place, and which they will never learn in "horse circles" at the expense of many a bad bargain. When it is learned that even the worn-out pulp cavity has been made to pass muster as that of the secondary depression of the crown of young teeth, the force of these remarks will be understood. No anatomist could be deceived by these and other clumsy tricks.

At the time the dental groove becomes obliterated, and the openings of the dental fossettes are closed, a columnar mass of epithelial cells remains behind, which represents the obliterated part of the fossette, and extends from the apex of the dental sac to the maxillary ridge. This epithelial accumulation is left behind when the milk tooth cuts its way through the gums, and constitutes the matrix for the permanent set of teeth, which develop exactly like the teeth of the milk set. All these secondary tooth germs are originally situated on the inner side of the milk set. It is a remarkable fact, claimed by Kollman, that not only are all the tooth germs of the milk and permanent set projected in the foetus, but that also a full set of germs

for a third dentition exist. The occurrence of a third dentition then ceases to be atypical, and is far from being of a pathological character, as some have supposed.

It is seen here, as elsewhere in embryology, that the impetus to the most important developments is given by the epiblast, that germ layer whose great developmental energy we noted in an earlier lecture. We have already derived the nervous axis and the cutaneous covering, with its important adnexa, either exclusively or chiefly from epiblast changes.

In our next, we shall study the development of two other organs, whose early development is due to epiblast activity—the eye and the ear.

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## Clinical Reports.

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### CASE OF SPONTANEOUS OSTEO-MYELITIS OF THE FEMUR.

*Differential Diagnosis—Trephining—Recovery with Anchylosis.*

BY LOUIS BAUER, M. D., M. E. C. S. ENG.

In May, 1880, I was invited to a consultation with Dr. C. E. Briggs, of this city, over the case of a young man who had been bed-ridden for five months.

From the minute and careful records of his physician and from the patient himself, I derived the following information: He had, for years, been employed as foreman in a smelting establishment, where his business frequently exposed him to a temperature of 110 deg. Fah., and upwards. In this heated atmosphere he was obliged to do work which often required the exertion of his utmost strength. Whilst thus employed, thoroughly heated and perspiring freely, he was required to deliver a message in a distant part of the city which necessitated considerable dispatch. Retiring to a cold room and exchanging his working garments for a light suit—forget-

ting his overcoat—he proceeded promptly to perform his errand. On that evening—December 16, 1879—the weather was cold and raw, the temperature not above 40 deg. Fah., and the atmosphere tempestuous. While on the street car he had already felt chilly, but when he had to face the cold north wind in the latter part of his route, he realized still more the imprudence he had committed in exposing himself so scantily clothed. On stepping from the car on his return home, he felt such an acute pain in his right heel that his locomotion was interfered with, and he had to walk on tip-toe to his home, he finding it impossible to bring the heel to the ground without great pain.

This “beginning of trouble” was followed by a restless night. Towards morning a severe chill set in, followed by fever and “pains in his bones and joints.” On attempting to dress in order to proceed to his work he failed. Thinking to relieve himself by free perspiration, he consumed a large quantity of hot punch, which rather aggravated his condition.

The physician who was called to see him at this time, pronounced it a case of rheumatic fever and treated it with success, relieving him of the swelling of the joints and of all pain excepting that in the right hip and thigh. This, on the contrary, steadily increased in intensity. By this time the patient was completely helpless, nor could he endure the least passive motion of the affected extremity. Aside from a continuous boring, tearing and burning pain in the thigh, he was tortured by periodical lancinating pains which seemed to descend from the back, growing more intense at the hip, flashing down the posterior side of the thigh and terminating at the inner aspect of the knee. These neuralgic flashes caused a very painful quivering of the muscles.

The attending physician now considered the case one of *rheumatic sciatica*, but his varied efforts failed to effect any relief.

On January 15, the physician retired from the case. The patient then threw himself upon the tender mercies of a notorious quack, who purged him to excess, rubbed the affected extremity with all sorts of nostrums, and thus brought the sufferer to the very brink of the grave. The last performance of this medical artist took place on February 1, 1880. Until then the patient had been able to bend the right knee. On that day he was taken out of bed, held in an upright position by attendants, when the affected extremity was rubbed with a liniment, principally composed of coal oil, with a zeal and energy worthy of a better cause. The stiffness of the knee and hip dates from that day. When this heroic treatment failed, the patient was threatened with spiritualistic incantations, when his victim revolted.—*Exit Quack!*

When Dr. Briggs took charge of the unfortunate man, his condition must have been truly deplorable. Reduced to a skeleton by purgatives, incessant pain, loss of sleep and barbarous manipulations; afflicted with bed-sores over the sacrum; helpless to change his position in bed; obstinate constipation; agonizing difficulty of micturition; loss of appetite: constant fear of being stirred out of one position and daily febrile disturbance; indeed, his condition may be more easily imagined than described, even by the caustic pen of a Hogarth!

Dr. Briggs' notes of the appearance of the affected member are both graphic and interesting. Its surface must have presented a nondescript aspect; it looked "dirty-dead, sallow and waxy." "It lay flattened upon the mattress as if it were a wax leg that had been subjected to great heat." There was a fluctuating distention above, but not communicating with the knee joint. Pressure applied to the heel upwards "into hip socket," or even slight blows upon the heel in the same direction, produced no pain in either hip or knee

joint. Under these circumstances, the prognosis was, of necessity, very uncertain.

Dr. Briggs very wisely centered his attention upon the domestic comfort of his patient, and repairing his shattered constitution. The Nidelet Invalid Bed was procured at once; a light, but very nutritious (milk) diet, with a moderate amount of stimulants, was adopted; whilst anodynes, internally and over the sciatic nerve, were administered in such amounts as to insure rest.

Such appropriate treatment could not fail to effect a favorable change in the aspect of the case, more especially to reduce the sciatic neuralgia.

On February 10, a bursa (sub-crural?) was aspirated, and two and a-half ounces "of viscid synovia" withdrawn.

Next day, the pulse was down to 74; the patient had rested; no pain at the knee; less distress over the sacrum; but still "considerable pain when he had an occasional muscular jerking."

Under this judicious management, improvement went on steadily. "The sciatic pain became a very small factor in the case."

"As the patient's chances of life became greater, the practicability of a special treatment became greater." However, "the leg was still very sensitive on motion and new symptoms were developing about the knee." The aspiration had "caused no articular trouble, and the bursa had collapsed. Nevertheless, a puffy swelling appeared along the ligamentum patellæ, and some "definite painful spots about the joint," difficult to connect with the sciatica.

On February 27, vomiting and discomfort from inješta, which soon passed away. However, "the symptoms below the knee became more prominent" and troublesome. At the same time, œdema set in, extending "from the large trochanter to six inches below the knee." "The patient complained so bitterly of any attempt to stir

the leg," that Dr. Briggs was very much "hampered, in his examination," and supposing "that there might be some pus on the posterior surface," on March 5, he administered an anæsthetic for a thorough inspection, "also to see what was the mobility of the hip and knee." Neither fluctuation nor sinuses were detected. He states that he "bent the hip perhaps 20 deg. forward, and as many in abduction with a resistance, but with no grating." The knee he bent "perhaps 10 deg."

Aspiration lateral to the ligamentum patellæ proved abortive. The ensuing pain was controlled by hypodermic injection of one-third grain of morphine.

Thence forward, until the middle of May, everything progressed favorably. At that time Dr. Briggs thought that he "could slightly flex and abduct the extremity without occasioning much pain, and the joint moved smoothly. The knee joint could hardly be bent a "a hair's breadth" without great pain.

This is, in brief, the history of the case up to the time it came under my observation.

The patient descends from healthy stock, and states that he has never been seriously sick before. He denies syphilitic infection, and I grant him unlimited absolution from all suspicion of struma. Present age, 31 years; weight previous to his illness, 170 pounds; height, 5 feet, 7 inches; could lift 550 pounds without extraordinary exertion. Although still somewhat attenuated, his contours denote a powerful osseous and muscular development.

He is obviously in a mending condition; has no fever; enjoys a good appetite, and the vital functions seem to be in fair order. On approaching him for local examination, he is watchful and apprehensive of the infliction of pain. Both hip and knee joints are firmly ankylosed. In spite of this fact, the slightest movement of the extremity gives him considerable distress. Although materially lessened in violence, his

sciatica has not entirely left him. At times, he still has painful muscular tremors. The member is stationary in the position of extension, adduction and inversion; the pelvis is consequently tilted up, and the leg apparently shortened about seven-eighths of an inch. The muscles of the thigh are greatly attenuated. Pressure produces no pain, and there is no discoloration except the peculiar pallor inseparable from œdema. The infiltration pervades the whole thigh, and produces the impression that the femur is enlarged. There are no contractions of muscles to account for the malposition, nor is there any distortion at the hip. The malposition must therefore have been assumed by the patient and have since become fixed by intra-articular concretions (ankylosis).

Aside from the sciatica, Dr. Briggs proffered no diagnosis. His treatment had been symptomatic throughout. He now suggested to proceed against the ankylosis!

I could not but recognize the beneficial results achieved by the Doctor's judicious plan of management. Irrespective of the nature of the disease, he had succeeded in notably moderating its intensity, without, however, eradicating it, for most of the symptoms still prevailed, requiring morphine for their temporary alleviation. Convalescence was yet far off, with indefinite hopes as to the final termination. Notwithstanding obvious improvement, the patient presented a high degree of susceptibility to aggravating changes in the affected parts, as Dr. B. had experienced on several occasions.

That no future error might occur, it was of importance to establish a relevant diagnosis to furnish a rational basis for surgical treatment.

Relative to the causation, there could be no difference of opinion. However sceptical physicians may be as to the popular notion that all sorts of lesions are to be ascribed to cold or a wetting, no one will

deny the morbid effects of a sudden change of temperature upon the body whilst heated and profusely perspiring. In the present case, there had been a sudden reduction of 65 deg. and probably more. Moreover, the morbid effects followed the exposure almost immediately. The patient had hardly executed his errand when he was attacked with such an acute pain in his right heel as to interfere with locomotion. During the ensuing night, his sleep was disturbed, and next morning the constitutional symptoms were fully developed. Thus cause and effect were too apparent to be overlooked or misconstrued.

From the history it might be deduced that rheumatic fever set in at first, and that sciatica and the other symptoms denoting a local lesion about the thigh might have been superadded at a later period. I should decidedly object to such a supposition as not being sustained by the facts.

Experience informs us that rheumatic attacks are sharp and decisive; that fever interferes with mental discrimination; and that such an affection of the thigh, although beginning contemporaneously with the rheumatic fever, required some time for its full pathological development. The pain in the right heel clearly indicated that the limb was the first point of morbid attraction.

I am of the opinion that the cause was sufficiently potent to produce the various lesions at one and the same time; and if the question of dependence should arise, I should look upon the rheumatic symptoms as consecutive, engendered by reflex action, rather than the affection of the thigh; and it will be seen that the latter is well calculated to induce general disturbances.

The two physicians who have successively attended the patient, have inclined towards the diagnosis of sciatica, and paid especial attention to its alleviation; but it will require little effort to show that this could not answer for all the symptoms presented from the outset. One of the first of these, which

supervened at the period under consideration, was complete loss of locomotion; this is no feature of sciatica. The latter is periodical in its attacks and leaves intermissions free from pain. Not so in our case. The pain *never* left him; it was aggravated on the smallest occasion, by the slightest movement of the limb, active or passive. It was of equal intensity at all hours of the day and night, and was only aggravated at times by that in the sciatic nerve. This fixed and persistent pain in the thigh, admitting of no localization and explained by no marked structural change, was obviously one of the sources whence arose the reduction of the patient's weight and vital powers. Nor am I aware that sciatica, *per se*, interferes with the functions and integrity of joints, giving rise to ankylosis. I willingly concede that neuralgia may interfere with the nutrition of muscles, but I have yet to learn that sciatica can waste away to almost nothing, such powerful and massive musculature, as has occurred in the present instance.

The disease had existed for several months before the thigh exhibited any local change except marked attenuation, then, and without any provocation, it became so oedematous and infiltrated as to exceed its former circumference. This is another feature incompatible with sciatica. If this had been the motive cause of the whole trouble, the symptoms ought to have promptly vanished when it had been so far relieved that, as Dr. Briggs states, it became "a small factor;" this, however, was not the case.

I could adduce other facts still in proof that there must have been some other morbid process at work to account for the patient's sufferings, and this process could be none other than osteomyelitis of the femur.

We owe to the diligent inquiry and observation of Hermann Demme, our knowledge of this somewhat mysterious disease; and it is by his guidance that I have been

able to recognize several cases of *spontaneous osteomyelitis*, some of which have been reported in former volumes of the CLINICAL RECORD.

According to this author, the intense, fixed pain in the affected extremity, the almost immediate loss of locomotive function, and the decided constitutional disturbance are pathognomonic of this disease. At a later period, oedema sets in, and when osteomyelitis advances to suppuration, then, and not before, purulent infiltration and abscess ensue. Finally, the adjacent joints are usually compromised. In adolescence, it gives rise to detachment of the epiphyses which has given origin to the term *osteomyelitis epiphysaria*.

A comparison of this picture with the condition of our patient discloses close conformity.

It is not my intention to criticise or to censure the gentleman who had charge of the case before me, for I am fully aware that spontaneous osteomyelitis occurs but rarely in this latitude, and few surgeons have had the opportunity to study its phases. Once seen, its semiotic characteristics remain indelibly impressed upon the memory.

From Demme we learn that this affection, which is frequent in Switzerland, is evoked by the identical causes that preceded its development in this case, and that it occurs in youth more frequently than in advanced age.

Considering the time which this disease had persisted in this case, without eventuating in suppuration, and, further, that the most prominent symptoms had already been mitigated, I came to the conclusion that it had been of a mild form, and, hence, admitted of a rather favorable prognosis.

The domestic hygiene, the comfort of the patient, and the general treatment of the case had been so wisely conducted that I had occasion to suggest no change whatever. I was likewise persuaded that the patient would gradually recover, although

it was difficult to predict what time would elapse before such a termination.

*Brisement forcé*, as suggested by Dr. Briggs, could not be seriously entertained, because the ankylosis was a part of the disease itself, and ought not to be interfered with until the last vestiges of osteomyelitis should have disappeared. There was no urgency about it, and it might be deferred with safety.

With a view to relieve the still existing intraosseous pressure, and to hasten convalescence, I advocated trephining the affected femur, to which the attending physician and the patient consented. The operation was accordingly performed under anaesthesia by ether. One disc was removed about three inches above the external condyle of the femur, and an outlet thus established from the medullary cavity.

The cortical substance of the bone proved to be of greater density and thickness than usual. Sero-plastic material exuded from this cavity, and the flow continued for several days.

There was no reaction, and no untoward symptom followed the operation. The patient stated that his pain was perceptibly lessened, and very soon the limb could be used without the customary aggravation.

The wound closed by granulation. Ten weeks after the operation, he left the sick-room and presented himself to his employers for office duty, and has been at work ever since.

I had not encouraged the vain hope of a *sudden* effect following the trephining. An immediate change for the better, such as I have observed in some cases, could have been expected only when the intraosseous pressure was at its height, and not after it had greatly diminished, as in the present instance. Hence I was not disappointed when amelioration proved but slow and steady. Nevertheless, I am persuaded that our patient's recovery was materially hastened by the procedure.

Whether he would have regained his health without trephining and in the same time or not, is a question of so little importance that I shall spare the reader any purely speculative arguments. Suffice it to say, that I elicited the diagnosis and that the surgical measure adopted was the rational remedy in the premises.

In conclusion, I wish to state that the "lion's share" of merit belongs to Dr. Brigg's, who had safely brought his patient through a long period of intense suffering by incessant care and devotion deserving of all praise and approval.

### Translations.

[Translated for the Clinical Record.]

**TREATMENT OF ANCIENT FRACTURES OF THE SPINE.**—(Transactions of the Surgical Congress of Berlin, April, 1881). Kuester, of Berlin, related four cases. The first involved the body of the first lumbar vertebra; the second, the eleventh and twelfth thoracic; the third was in the lumbar portion of the spine, and the fourth occurred in the cervical region.

In each case the plaster-of-Paris "corset" was applied in conjunction with extension by *suspending* the patient. In the second case, the corset was of no benefit. In the fourth, the patient was brought under the full influence of chloroform, extension and counter-extension applied, and a pressure was exerted over the curvature so powerful that the auxiliary callus gave way with notable audible cracking. This procedure was twice repeated with benefit to the existing paralysis of the bladder and lower extremities. The gibbosity was markedly diminished, and locomotion was re-established.

Keuster concluded his communication with the following suggestions:

1. The slighter fractures of the thoracic and lumbar portions of the spine require the corset of Koenig (of Göttingen).

2. Similar injuries of the cervical region demand persistent extension.

3. The more extensive fractures should be reduced under chloroform by manipulation.

4. The knife can be of use only in fractures of the vertebral arches.

In the ensuing discussion Von Langenbeck stated that he had resorted to the plaster-of-Paris "corset," as early as 1862, but it was not well borne; he prefers extension.

Von Bardeleben is not opposed to the cuirass, but believes it to be inadmissible when complications exist.

Busch, of Bonn, is in favor of the plaster dressing.

Koenig excludes extension as dangerous and agrees with Bardeleben, that the paralytic symptoms often disappear spontaneously.

Sonnenberg, of Berlin, related an interesting case of chronic cervico-thoracic spondylitis, occurring in a very restless child. On suspending the little patient, the respiration very soon became labored and was eventually completely arrested. Artificial respiration had no effect; tracheotomy gave only temporary relief, and death ensued in one and a-half hours. The autopsy revealed an abscess which protruded into the posterior mediastinum, compressing the trachea at its bifurcation, and probably interfering with the innervation of the pneumogastric and phrenic nerves.

**WANDERING KIDNEY—EXTIRPATION—RECOVERY.** (Transactions of the Surgical Congress of Berlin, April, 1881). Langenbusch of Berlin, reported two cases:

1. In a female, aged thirty years, the right kidney descended into the pelvis. Laparotomy, in 1880. Incision along the margin of the right rectus muscle; division of the mesocolon; double ligature of vessels and ureter with silk; no drainage. All symptoms ceased.

2. A druggist, aged twenty years. The very tender right kidney was located behind

and below the gall bladder. The disturbances from this cause drove the patient almost to distraction. Operation as in the previous case. An artery of the renal capsule gave rise to copious hemorrhage. The wound was enlarged transversely and the bleeding vessel properly closed. Patient recovered and is entirely relieved.

Martin, of Berlin, introduced two patients upon whom he had successfully performed this operation. He is of the opinion that floating kidneys are more frequent than is generally supposed. Only exceptionally do they give rise to severe disturbances, and they may often be controlled by abdominal bandages. Only in aggravated cases is the operation justifiable. In the one instance, the kidney had glided downward behind the peritoneum; in the other, it occupied a pouch formed from that membrane. Martin advises to slit open the external layer of the mesocolon, as it is less vascular than the inner one.

At the time of the operation these patients were greatly reduced, now both exhibited evidences of good nutrition.

Landau, of Berlin, explained the anatomical reasons why the right kidney is much more apt to leave its normal position than the left:

1. The descending colon extends higher than the ascending.

2. The left mesocolon is shorter and firmer than the right; the latter thus allows the kidney more freedom of motion.

3. Fæces are propelled onward only by the peristaltic action of the ascending colon and against gravity, while in the descending portion propulsion is favored by this force.

4. The right colon, with the transverse portion forms a narrow arch, while the left forms almost a right angle. This difference in the relative course of the two sections of the large intestine is probably the result of habitual constipation and not congenital.

5. The left renal vessels are closely connected with the pancreas, and are thus held

*in situ*, a protection of which the renal vessels on the right side are destitute.

Of course, abnormal mobility of the left kidney is not entirely precluded, and it is as susceptible to violent displacement as its fellow.

L. B.

## Proceedings of Societies.

### AMERICAN MEDICAL ASSOCIATION.

The American Medical Association held its Thirty-Second Annual Meeting in Richmond, Virginia, beginning on Tuesday, May 3d, 1881.

The scientific work performed was of very mediocre quality, and extremely limited in quantity. Our account is greatly condensed from the *verbatim* report which was furnished by the *Virginia Medical Monthly*, daily editions of which were published during the session.

*First Day, Thursday, May 3d, 1881.*—The Association convened at Mozart Hall, at 11 o'clock, A. M., Dr. Frank Cunningham, Chairman of the Committee of Arrangements, calling the meeting to order. Dr. H. T. Holton, of Vermont, Vice-President, in the Chair, and the "great and good" Wm. B. Atkinson, M. D., of Philadelphia Permanent Society, at his post. Prayer was offered by Right Reverend J. J. Keane.

Hon. F. W. M. Halliday, Governor of the State, delivered an address of welcome. The roll of membership was then called, and all names read were confirmed as members.

Invitations were read from the Commercial, Richmond and Westmoreland Clubs, tendering hospitality to the visiting members, which were accepted, and the thanks of the Association returned therefor. Letters of regret, for inability to attend, were read from Ex-Presidents J. Marion Sims, of New York, and W. O. Baldwin, of

Alabama, and others. The President, Dr. John. T. Hodgen, of St. Louis, was then introduced by Vice-President Holton. Dr. Hodgen then delivered the following

ANNUAL ADDRESS :

*Colleagues of the American Medical Association :*

In obedience to the time-honored usage of the Association, I shall ask your attention to a few thoughts, such as may be supposed to benefit the occasion of our coming together for our annual meeting. But, first, in the name of the Association, let me express, to the local committee of arrangements, and to the medical profession and the citizens of Richmond, our grateful acknowledgments of the hearty reception which has been tendered by your Governor in this, the capital city of the oldest of American States, the historic mother of American Presidents.

The recent progress of medical science has been marked by exceptional strides, both in the direction of extending the domain, and perfecting the methods of, operative surgery.

I allude to the progress in medicine, and then proceed to bestow a passing glance upon some of the causes which militate against the success of the surgeon, by sometimes betraying him into error; again embarrassing him in his choice between conflicting plans of treatment, and too often frustrating his best directed efforts.

I divide the surgeons into those seeking to perform every practicable operation, and, the other, avoiding operations whenever it is possible.

The former include the bold, the enterprising, the ambitious and the reckless of our profession.

The other, the timid, the conservative, the cautious and the procrastinating. The former class is largely made up of young men—enthusiastic and full of inspiration, caught from the professors whose task it is to make the way clear and easy, students of the current medical literature, which teems with new suggestions, and is crowded with reports of remarkable cases and wonderful operations, generally ending, or reported as ending, happily to the patient, and to the great credit of the reporter.

Simon excises a kidney, turns an aberrant ureter into the rectum, touches, through the natural passages, a stone in the

kidney; and immediately hundreds of ambitious surgeons are seeking kidneys to exercise, ureters to turn, and renal calculi to touch. Battey removes an ovary for the relief of an obscure nervous disorder; and forthwith ovaries are removed for almost every imaginable nervous disorder. Billroth cuts out a cancerous larynx, or a diseased pylorus; and at once a demand springs up for similar cases, and the daring operations are repeated in all the four quarters of the globe.

The second class is recruited largely from the first, and often only after many lessons of bitter disappointment, drawn from the experience of many and grave disasters.

The practice of seeking cases for operation, and of operating by blindly following the dicta of authority, without a full understanding of the condition to be relieved, is well illustrated by two surgical procedures which have been resorted to, with far too great frequency, as I believe, by gynecologists during the past and present decades. Of one of these procedures, the division of the cervix uteri for flexures, an operation without proper foundation in pathology, which was generally useless and often dangerous, and which always entailed deformity. Emmet holds the following energetic language: "Since the practice of indiscriminate division of the cervix was first introduced by Professor Simpson, more malpractice has been perpetrated throughout the world in the name of this simple operation than from any other procedure known to the profession."

So, too, great wrong has been done in seeking to follow the lead of Dr. Emmet in the performance of operations for the cure of lacerations of the cervix uteri. From the large number of operations reported by many practitioners, it may be fairly concluded that it has often been needlessly and unprofitably performed.

A simple knowledge, however accurate, of the parts involved does not qualify one to make an intelligent prognosis, to decide upon the advisability of an operation, or treat judiciously even such diseases as consist mainly in pathological changes in the part in question—to say nothing of the many cases in which subjective symptoms are referred to a particular part, when they are in fact but the local expression of some remote or possibly constitutional trouble.

Herein lies a danger which threatens the profession, through the adoption of exclusive specialties by those not well trained in general medicine. It cannot be denied, that the early and exclusive study of the affections of a part tends to narrow the intellectual grasp and cramp the powers of the man who yields to the influences incident to such partial training. In the best sense, a specialist is a physician and something more; in the worst, he is something else and something less than a physician.

The rapid progress made of late years in the precision and perfection of regional surgery, the brilliant triumphs secured and the almost unlimited possibilities attained, combined to tempt surgeons to reckless operative procedures. Captivated by the knowledge that almost every region of the body has been and therefore may be invaded without necessarily destroying life, we are in danger of overlooking the general influences which are ever present to modify and control the results of local injuries.

The local conditions calling for surgical operations are, besides, more easily studied by the young surgeons than the general condition which may forbid them, and are more fully discussed in the text-books and college lectures. To learn what to do and how to do it, is always more attractive to the student than to be told what not to do. And this is especially true if the thing not to be done is something which he believes he can do well.

On the other hand, we recognize certain diseases and conditions, in which, however defective our knowledge may be in some respects, we are least certain that very early operation is indicated, both as involving a minimum of risk, and as offering the best, or perhaps only chance of saving life or of averting great calamity. In this class we include tumors, benign or quasi-malignant.

The propriety of the early removal of quasi-malignant tumors is nowhere better illustrated than in the case of sarcoma of the choroid—a disease which, by the aid of the ophthalmoscope, can now be positively and accurately diagnosed at a very early stage of development. Left to itself for a few months, it will surely break through the outer coat of the eye-ball, and soon develop into a fatal and hideous tumor of the orbit, complicated probably with sarcomatous deposits in distant parts. Removed at an early stage by enucleation of

the eyeball, it may never return *in situ*, and life may be indefinitely prolonged.

In rodent cancer and in epithelioma, we now expect a cure by excision, provided it is done early enough; and even in mammary scirrhus, removal of the breast has exceptionally effected a permanent cure.

Sympathetic ophthalmia affords a striking instance, which may result either from not recognizing a danger in season, or from a want of promptness in dealing with it.

Scarcely any fact is better established than that a high condition of health is not the condition which best fits the patient to bear the forced confinement, the impaired digestion, the imperfect assimilation and the perverted excretion which follow any serious bodily injury or grave surgical operation. In such patients, we have learned to dread surgical fever and active inflammatory complications, leading possibly to septicæmia, and ending, it may be, in death.

So, too, that standard of health marked by an unusual ability to bear continuous mental strain, taxing the digestive and assimilative organs to their utmost, is not that under which the effects of shock are best borne, whether it be the shock of a severe injury or of a capital operation.

On the other hand, a man whose life is not marked by excessive tissue change, whose digestive, assimilative and excretory organs are not unduly taxed, and whose nervous system is not attuned to conditions of intense mental strain, is likely to bear well the shock of injury and the nutritive changes incident to prolonged confinement. Again, the chronic sufferer, whose nutritive and excretory organs have become educated, so to speak, to make good the excessive waste incident to any continuous drain, is often much better fitted to endure a grave surgical operation than is the new recruit of the army of sufferers. Very often the surgeon is compelled to act in the presence of morbid conditions of the most complex character.

Thus, in strumous manifestations in connection with chronic, suppurative disease of the joints and bones, the profuse discharge makes the most exacting demands upon the nutritive functions, while the close confinement, pain and loss of sleep unite to destroy the appetite and impair digestion and assimilation. In such a condition (so clearly set forth in the case of hip disease by our distinguished ex-President, Dr.

Sayre), we recognize in the cachexia the effect rather than the cause of the local trouble; and by resection or amputation of the offending limb, we may arrest the exhausting discharge and restore the disturbed balances between the processes of nutrition and waste.

The dangers in certain depraved conditions of the body from injudiciously delaying an operation are forcibly depicted by Robert Barnes. He says: "My experience leads me to conclude that, in cases of urgent disease, there is more frequent occasion to regret having delayed the operation too long than having had recourse to it too soon."

When through obstinate vomiting, for example, nutrition has long been arrested, the starved tissues craving for supplies and falling into disintegration, feed the blood with depraved and noxious materials; the system feeds upon itself and poisons itself; the poisoned blood irritates the nervous centers, and these centers, wrought to a state of extreme morbid irritability respond to the slightest peripheral uterine or emotional excitation. All nervous energy is thus diverted from its destination, and exhausted in morbid action. Irritative fever ensues; the pulse rises to 140 or more; no organ of the body is capable of discharging its functions; for the pabulum of life is cut off at its very source. At this point, labor, whether it occurs spontaneously, as it often does, or be induced artificially, comes too late. The tissues are altered, the powers are impaired beyond recovery, and death soon follows.

Shock may act profoundly upon the whole economy. Arrested digestion, perverted assimilation, suspended secretion, and limited excretion may occur to vitiate the nutritive fluids of the body. Elements which should go to feed the tissues and provide materials for secretions remain unappropriated; excrementitious substances accumulate, and the body becomes gradually saturated with effete matters.

Operations for the relief of patients with old and tight urethral structures, complicated with disease of the kidneys, afford illustrations of the serious consequences which may follow shock in an already diseased organism. Internal division or forced dilatation of such a stricture may be attended with a degree of shock, sufficient to arrest, for the time, the heart's action; or it may so act upon the whole nervous

system as to check secretion and excretion generally. The diseased kidneys may thus cease altogether to perform their functions, leading to speedy death from uræmic poisoning; or, in the case of less aggravated renal trouble, the blood, becoming surcharged with morbid material, may no longer suffice to maintain the nervous centers in effective action; assimilation, secretion and excretion may all fail, and death ensue from septicæmia.

Anæmia, resulting from sudden loss of blood, is particularly unfavorable to surgical interference; besides the actual deficiency of blood, the diminished tension of the blood vessels favors the absorption of septic products at the site of the injury, while the blood, diluted and vitiated by the additional fluids absorbed from the tissues, becomes loaded with effete organic matter, ready to take on putrefactive changes. A familiar instance of susceptibility to septic influences after a large hemorrhage will occur to every obstetrician who has learned how often metritis and septicæmia follow excessive *post-partum* hemorrhage.

Besides want of space, another reason for the omission or reference to other conditions which may demand or forbid a resort to the knife, is our want of exact knowledge. Especially is this true of those constitutional conditions we term diatheses. Using the word in its broadest sense, diathesis is any condition varying from the normal standard which disposes to the development of disease in the presence of trivial exciting causes. Other conditions which we habitually include under diathesis are themselves diseases—such, for instance, are scurvy, the scrofulous habit, tuberculosis and syphilis. A diathesis may be transient or permanent, retrogressive or progressive; it may be so marked in its manifestations as to force its recognition upon even the most careless observer, or it may be so obscure as to elude the most painstaking scrutiny; and yet it may respond immediately and disastrously to an injury. In acknowledging our ignorance regarding the precise nature of such variations from the normal standard, as we believe must exist in diseases like scurvy, scrofula, tuberculosis, etc., we recognize the existence of wide, uncultivated fields, rich, no doubt, in promise to future investigators. A more perfect animal chemistry, a more thorough histology and a deeper research into the possibilities of pathological

change, will doubtless throw many a ray of light into regions where the darkness is now too dense for our vision to penetrate. To these fields, coming generations of physicians will surely be attracted, in the faith that as man advances in knowledge, and approaches somewhat nearer to the comprehension of the perfect wisdom which designed the wonderful physical organism, through which he is brought into relation with the world around him, he will be enabled to solve more and more of the difficult problems, which now perplex and baffle us, and will gradually raise medicine to a position more nearly akin to that now accorded to the exacter sciences.

On motion of Dr. Brodie, the thanks of the Association were tendered the President for his address, and a copy was requested for publication.

Dr. Joseph H. Warren, of Boston, Chairman of the Committee of Foreign Delegates Abroad, presented his report, the reading of which was deferred. Referred to the Committee on Publication. This recited a digest of the Proceedings of the Forty-Eighth Annual Meeting of the British Association. It contains a strong recommendation that an *American Medical Journal* should be conducted under the auspices of this Association, as the *British Medical Journal* is conducted by the English National Medical Body.

After announcements by the Secretary of the meetings of the Sections in the afternoon, the general session adjourned to 10 o'clock A. M. next day.

#### PROCEEDINGS OF SECTIONS.

**STATE MEDICINE.**—Section called to order by the Secretary, Dr. R. G. Jennings, of Little Rock; the Chairman, Dr. J. T. Reeve, of Wisconsin, being absent, Dr. John S. Billings, U. S. A., was elected temporary Chairman.

At the adjourned meeting, at 3 o'clock P. M., Dr. J. L. Cabell, of Virginia, member of the National Board of Health, read a paper on "The National Board of Health and the International Sanitary Conference

of 1881." This paper was principally taken up with a history of the Board and of the Conference. It was rather a piece of special pleading for the maintenance of the institution of which he is a member, and an apology for the very small results thus far accomplished by the National Board.

Dr. C. F. Folsom, of Boston, read a paper on "The Relation of the State to the Insane." This dealt with the question of State Lunacy Boards, which were strongly recommended.

Both papers referred for publication. On the second day no meeting of this Section was held; on the third, the attendance being very small, the Secretary declared the Section adjourned to the next annual meeting. Papers "On Cellars," by Dr. A. N. Bell, of New York, and on "The Necessity and Means of Removing Putrescible Matters from Inhabited Places," by Dr. O. W. Wright, of Milwaukee, were received from their authors (who did not attend) by the Secretary, and referred to the Permanent Secretary.

**SURGERY AND ANATOMY.**—Dr. H. McGuire, of Virginia, Chairman; Dr. Duncan Eve, of Nashville, Secretary. Section met at 3 o'clock P. M.

Dr. Joseph H. Warren, of Boston, exhibited a number of instruments devised by himself.

Dr. Thos. H. Burchard, of New York, reported a case of ulceration of the appendix vermiformis, with remarks on abdominal section in cases of perforation of the bowel. He advocated early operative interference in inflammatory affections about the cæcum. The patient should always have the benefit of antiseptic precautions.

Dr. J. E. Reeves, of Wheeling, presented for Dr. W. B. Allen, of the same place, a report of a case of pyonephrosis, exhibiting a nephritic calculus, weighing 480 grains. At the autopsy, smaller calculi were found weighing 416 grains. After this report was read, the Section adjourned to the next afternoon.

**DISEASES OF CHILDREN.**—Dr. A. Jacobi, of New York, Chairman; Dr. Thos. M. Rotch, of Boston, Secretary.

Dr. H. I. Bowditch, of Boston, was the author of a paper, read in abstract, on "The Relation Between Growth and Disease." He advocated more extensive observations by the profession in this direction, and the compiling of statistics on a large scale. The statistics of growth, taken in connection with those of disease, might very possibly reveal unexpected relations between periods of slow and rapid growth, and the ages at which certain diseases most frequently occur.

Dr. Sam'l C. Busey, of Washington, read a paper on "The Relation of Meteorological Conditions to the Diarrhoeal Diseases of Children."

Dr. Jas. C. White, of Boston, presented a paper entitled "Some of the Causes of Infantile Eczema, and the Importance of Mechanical Restraint in its Treatment." He laid especial stress on the fact that heat was the more usual cause of the disease than cold. Aside from the effects of external irritants—heat, cold, dirt and parasites—he did not hesitate to say that he knew nothing whatever of the causes of this disease. He said the prime factor of the treatment was to prevent scratching, and described his method of controlling the child's movements by a system of swathing in a pillow-case, by which the same chance of success in the therapeutics of infantile eczema is given as exist in the adult.

Dr. L. Duncan Bulkley, of New York, criticised Dr. White's position. He thought that the diet, hygiene and internal medication were absolutely required for the successful management of infantile eczema—just as much as local treatment and removal of external irritants. He had never found it necessary to employ such mechanical restraints as were advocated by Dr. White. The members present seemed to agree with Dr. Bulkley rather than with Dr. White.

Dr. H. O. Marcy, of Boston, exhibited

some elastic, double canular injection tubes, which were not considered anything new by some of the members.

Dr. Wm. A. Byrd, of Quincy, Illinois, thought the stomach tube very useful. When called to a child in convulsions from indigestion, he introduces a stomach tube and washes out the stomach with water. Dr. Byrd presented a specimen of ulceration and perforation.

Dr. D. H. Goodwillie, of New York, presented a paper on "Thumb-Sucking," illustrated by a report of a case and a wax model. He breaks up the habit by applying a leather pad to the elbow, which prevents the hand from coming to the mouth, and treats the nasal catarrh which results from the habit, by douches and the application of a powder blown into the nose, proper food, clothing and rest.

After this paper, the section adjourned to the next afternoon.

**OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.**—Dr. D. S. Reynolds, of Louisville, chairman; Dr. Swan M. Burnett, of Washington, secretary

Dr. G. T. Stephens, of New York, read a paper on the Perimeter, an instrument invented by himself to measure the field of vision. He claimed some considerable advantages of his over other instruments designed for this purpose.

Dr. W. C. Jarvis, of New York, discussed the subject of "Nasal Catarrh with Hypertrophy," exhibiting instruments designed for the removal of abnormal growths from the nasal cavities. A lengthy discussion followed which elicited nothing novel.

Dr. J. J. Chisholm, of Baltimore, read a paper on the "Treatment of Conical Cornea," in which he related a case treated by perforating the cornea by a needle heated to redness. The patient made an excellent recovery. After a short discussion, the section adjourned to the next afternoon.

**PRACTICE OF MEDICINE, MATERIA MEDICA AND PHYSIOLOGY.**—The chairman, Dr. Wm. Pepper, of Philadelphia, being absent,

Dr. J. A. Ochterlony, of Louisville, was called to the chair; Dr. T. A. Ashley, of Baltimore, secretary.

Dr. W. C. Wile, of Sandy Hook, Conn., read a paper on "Bloodletting as a Therapeutic Measure in Pneumonia." He, with great diffidence, urged the importance of the *free use of the lancet* in pneumonia, reporting a series of twelve cases thus treated with favorable results.

Dr. Jno. J. Lynch, of Baltimore and Dr. Whittaker, of Cincinnati, opposed this revival of venesection.

Dr. N. S. Davis, of Chicago, had found the best results from bloodletting in pneumonia, when discriminately employed.

Dr. Ochterlony dissected Dr. Wile's paper very thoroughly and demonstrated the author's fallacies. In the long and interesting discussion, the remarks of Dr. S. D. Gross, of Philadelphia, attracted deserved attention. He advocated venesection *early* in the disease. If bleeding was performed in time and on proper subjects, it was the great remedy in this disease.

After thorough debate, the section adjourned to next afternoon.

#### OBSTETRICS AND DISEASES OF WOMEN.—

Dr. Jas. B. Chadwick, of Boston, Chairman; Dr. Joseph T. Johnson, of Washington, Secretary.

Dr. Paul F. Mundé, of New York, briefly recapitulated the rules governing the introduction and supervision of vaginal pessaries—including vagino—abdominal appliances. These rules were excellent, but offer nothing but what may be learned from any good work on gynecology.

Dr. R. Beverly Cole, of San Francisco, had a new pessary to offer for the enlightenment of members. Dr. Cole described a condition which he called *atony* of the uterus, which he thought had never before been described. The organ becomes flabby and soft, settles down on the posterior wall of the vagina and makes a double curve, the first forward, the second backward, and the os turned upward and for-

ward on the posterior wall of the vagina. This was illustrated by a diagram on the blackboard. The upper curve often confuses the gynecologist; it is sometimes called a fibroid, sometimes the fundus of an anteflexed uterus. Great difficulty is often experienced in introducing the sound, and it may often be accomplished by turning the sound exactly in the opposite way or its convexity backward. In the treatment of this condition he uses an intra-uterine galvanic stem pessary.

A discussion on pessaries in general and stem pessaries in particular followed, in which Dr. Maughs, of St. Louis, stated that, in his opinion, stem pessaries had killed catcombs (*sic*) of women. If this did not settle the pessary question once for all, it certainly ought to have done so.

Dr. Cole closed the debate, after which the Section adjourned for the day.

SECOND DAY, May 4, 1881.—The Association was called to order by the President, Dr. J. T. Hodgen, at 10 o'clock, A. M. Exercises opened with prayer. The Secretary announced the names of the Nominating Committee, which immediately retired for organization and the performance of its duties.

The special order of business, action on the proposed amendment to the Code of Ethics, was next considered. This reads as follows: To Article 1, paragraph 1st, add "and hence it is considered derogatory to the interests of the public and honor of the profession, for any physician or teacher to aid in any way the medical teaching or graduation of persons knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

After some dilatory motions had been disposed of, Dr. E. S. Dunster, of Ann Arbor, addressed the Association in opposition to the amendment. Dr. Dunster made an able argument, repeating in substance that offered at the Atlanta meeting. The amendment was then made the special

order after the addresses of the following day.

Dr. Jno. H. Packard, of Philadelphia, from the Committee on Journalizing the Transactions, presented a report recommending the establishment of a weekly journal as the organ of the Association. The report closed with the following:

*Resolved*, That the President be authorized to appoint a committee of five to digest and report in detail as soon as practicable upon the time, place and terms of the publication of such a journal, to elect an editor, fix his salary, and to arrange all other necessary details.

This resolution was discussed by Drs. Davis and Toner; the latter moved to strike out so much as related to the election of an editor. Adopted. Dr. Toner moved that the Secretary and Treasurer be added to the Committee. Adopted. The Secretary was instructed to publish with the next volume of Transactions an index of the proceedings of all previous meetings.

Dr. J. M. Toner, Chairman of the Committee on Necrology, in his report, called attention to the fact that, "all members who have died in good standing, whether in actual affiliation with this body, at the time of their demise, or not, are legally, under the rules, entitled to notice, no matter how many years have elapsed since their death."

After announcement of meetings of Sections, etc., by the Secretary etc., the Association adjourned until Thursday, at 10 o'clock A. M.

### SECTIONS.

**SURGERY AND ANATOMY.**—Dr. Chas. F. Stillman, of New York, read a paper on "A New System of Surgical Mechanics," illustrated by numerous drawings and instruments. The "System" is based upon the principle of *local* extension as opposed to *general* extension, developed by all other systems, which local extension is produced by the use of sector splints in the various forms shown by him, as adapted to the several joints—spine, hip, knee, ankle and elbow. Also an instrument for reduc-

ing the various forms of talipes, even of long standing, by which the surfaces of the tarsal bones are separated before the foot is made to assume a normal position.

Drs. Kinloch, of South Carolina, and Quinby, of Jersey City, thought too much advantage was claimed for such contrivances, and could not share Dr. Stillman's enthusiasm.

Dr. A. C. Post, of New York, read a paper on "Plastic Operations on the Face," illustrated by cases and drawings.

Dr. D. H. Goodwillie, of New York, read a paper on "Treatment of Arthritis of the Temporo-Maxillary Articulation," and reported cases treated. His method of treatment is by an apparatus to relieve the joint of pressure on the inflamed articular surfaces. This requires an interdental splint, with pressure applied over the chin.

Dr. S. C. Gross, had seen comparatively few such cases since the abuse of Calomel had ceased; had been able to accomplish but little with wedges, etc, alluded to section of the bone, had performed the operation.

Dr. Hunter McGuire, of Richmond, had treated one of Dr. Goodwillie's cases reported as cured. He was sorry to inform him that the patient was not cured. There was no motion whatever. He took out a wedged-shaped piece of bone just at the angle. The result was good.

Dr. L. A. Sayre, of New York, applied a plaster cast upon a case of lateral curvature, and explained the action, etc. According to custom, the regulation vote of thanks was tendered Dr. Sayre for the demonstration.

Dr. Hodgen, of St. Louis, objects to the "jury mast" on the ground that the straps retard the growth of the child's jaw. He thinks the plaster jacket causes hernia. But Dr. Sayre had never seen any of these bad effects from the method. Dr. Hutchinson, of Brooklyn, was in favor of self-suspension, raised shoe on the opposite side (for hip disease) friction, massage, etc.

Did not think much of the plaster apparatus or any other brace.

The chair announced Drs. Kinloch, of South Carolina, T. F. Prewitt, of St. Louis, and Burgett, of New York, from the Surgical Section, on the Prize Award Committee.

Dr. B. A. Watson, of Jersey City, read a paper entitled, "An Experimental and Clinical Inquiry into the Etiology and Distinctive Peculiarities of Traumatic Fever." He drew a sharp line between the fever accompanying wounds exposed to the atmosphere and that accruing in connection with those treated on the antiseptic plan, under the last mentioned circumstances, a temperature of 104 deg. has no such significance, pathologically or prognostically. It is non-septic. After careful experiments, Dr. Watson is convinced that this non-septic fever is not due to the lesion, and raises the question as to whether or not it is due to the absorption of carbolic acid. After reviewing the matter carefully, he is confident that traumatic fever is due to blood extravasation. [The printed reports are rather confused as to Dr. Watson's views on this point.—EDITOR.]

On motion, the section adjourned.

**DISEASES OF CHILDREN.**—Dr. Jacobi took the floor in support of Dr. White's method of treating eczema, as described in a paper read the day before. In the absence of Dr. R. J. Nunn, of Savannah, he read a paper for him on the "Treatment of Diphtheria." This was mostly by a combination of antiseptics in the form of powders given dry on the back of the tongue, followed by a bit of ice, every hour or two. The following are formulæ recommended:

Dr. J. B. Read's—

**R** Sulphur. sublimat, - grs. xlviii;  
Acid. tannic, - - - grs. xii;  
Acid. salicylic, - - - grs. j;  
Pulv. potass. chlorat, - grs. xii;

**M.** Precaution must be used in compounding this prescription.

**R** Sulphur, - - - grs. viii;  
Acid. boric, - - - grs. iv;  
Acid. tannic, - - - —  
Acid. salicylic, - - - —  
Resorcin, aa, - - - gr. j;

**M.**

**R** Sulphur. sublimat, - grs. viii;  
Acid. boric, - - - grs. iv;  
Acid. benzoic, - - - —  
Acid. salicylic, - - - —  
Acid. tannic, aa - - - gr. j;  
Acid. tartaric, - - - grs. iv;  
Sodii chloridi, - - - grs. iv;  
Resorcin, - - - - gr. j;

**M.**

Dr. Lathrop, of New Hampshire, had used chloroform as a local application in over one hundred cases of diphtheria, with very good results. The chloroform is applied on a piece of cotton attached to a tube or penholder. Few cases required visiting more than four days. The cases were not so malignant as those reported from some other localities. In true diphtheria the child does not complain of *smarting* from the application. Of course constitutional measures are added.

Dr. G. Vivian, of Minnesota, employs alcohol by inhalation, has used as much as a quart a day, and has never seen any symptoms of intoxication result.

Regarding the use of pilocarpine, as recommended by a Dr. Guttman (not Dr. Guttman, of Berlin, however), Dr. Jacobi said that in the form of the disease in which the deposit is deeply imbedded in the lower structures, he believes this agent does harm, and in one case he thinks death was hastened by using this drug. Pilocarpine debilitates the heart's action by giving rise to nausea and vomiting. The milder cases of diphtheria recover as a rule, if left alone, and in all cases of the disease he thinks the utility of pilocarpine doubtful. If the remedy is used at all, a fluid extract is the best preparation, as the muriate of pilocarpine is decomposed in the stomach. In answer to a question, Dr.

Jacobi said, that his opinion of the efficacy of lime was not so high as that of many writers.

Dr. E. H. Bradford, offered a paper entitled "Resection of the Tarsus in Severe Cases of Club-Foot," in which he reviewed the literature of the subject, and reported two cases on which he had operated. His paper was illustrated by temperature charts, casts and photographs of the cases, "before and after treatment." Strict antiseptic precautions were employed and the results were most excellent.

The section adjourned to next afternoon.

**PRACTICE OF MEDICINE, MATERIA-MEDICA AND PHYSIOLOGY.**—Dr. Prentiss, of New York, being absent, his paper entitled: "Is Croupou's Pneumonia a Zymotic Disease?" was read by Dr. King, of Washington. Dr. Prentiss took the affirmative of the question, but added no new proofs other than those heretofore published by Flint, Sr., and others.

Dr. W. C. Dabney, of Charlottesville, Va., read a paper on the "Nature and Treatment of Pneumonia," which also contained nothing especially noteworthy.

The long debate which followed developed the usual difference of opinion regarding the nature and treatment of this disease that is found among general practitioners. It also disclosed the deplorable ignorance of some of those who participated in it. About the only remark worth preserving was that of Dr. N. S. Davis, of Chicago, who protested against the course of reasoning pursued by some of the members. Even assuming that pneumonia was a zymotic disease, and ran a definite course, this was no reason why it might not be cut short, and the physician had no right to fold his hands and do nothing because of such reasoning.

The discussion was finally closed, and the papers referred to Committee on Publication. A paper by Dr. Robertson (Robinson?), of New York, entitled: "Nature and Treatment of Pulmonary Phthisis,"

was read by title, and referred to same Committee.

Dr. L. Duncan Bulkley, of New York, occupied the remaining time with reading a very valuable and interesting paper on the "Diet and Hygiene of Eczema," after which the Section adjourned to next afternoon.

**OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.**—Dr. Carl Seiler, of Philadelphia, read a paper on "Syphilitic Laryngitis." Neither the paper itself nor the discussion which followed developed anything particularly original. A combination of local and constitutional measures in the treatment seemed to find much favor with a majority of the orators.

Dr. J. J. Chisholm, of Baltimore, described a form of tinnitus aurium, produced by rythmical contractions of the tensor tympani muscle. This was analogous to the twitchings so often experienced in the muscular fibres of the eye-lid, which may be kept up for minutes, hours, or even days. The cause in his own case was traced to a glass of wine, taken at dinner, in connection with very hot weather.

Dr. Eugene Smith, of Detroit, described a successful operation for blepharoplasty, in which the graft was taken from the arm without any pedicle. A piece of skin, one and one-half by two inches, was taken from the arm, the cellular tissue and a portion of the true skin was shaved off; it was then applied to the cut surfaces of the lids, being about one-fourth larger than the wound. The case was very successful, the motions of opening and closing the eye being perfect. Several similar cases were mentioned by members present. Dr. Smith attached much importance to shaving away all the cellular tissue and a portion of the cutis-vera, thus bringing the dermic cells in direct contact with the cut surface. He thought failure was generally due to want of care in preparation of the graft.

Dr. Wilson, of Philadelphia, exhibited a lot of compressed pellets, introduced to the profession by him some years ago.

They were originally introduced for solution for hypodermic use, to prevent keeping solutions for this purpose. He was in the habit of using one containing  $\frac{1}{100}$  grain of atropia and  $\frac{1}{4}$  grain of sodium sulphate, for relaxing the accommodation. One of the pellets is placed in the conjunctival sac of the lower lid, where it is absorbed in about two minutes. The accommodation is relaxed in an hour. One application is usually sufficient.

A long discussion followed on the amount of atropia necessary for this purpose, how often it should be used, etc.

Papers by Dr. Lawrence Turnbull, of Philadelphia, were read by title only; they were on "Otitis Intermittens, with Observations upon the use of Quinine in Diseases of the Ear," and "On the Importance of Ear Examinations in Effecting Life Insurance."

The Section then adjourned to the next day at 3 o'clock, P. M.

On the third day, a long discussion on Astigmatism took place, and a paper by Dr. Reynolds on the "Treatment of Nasal Polypi," read by title, after which the Section adjourned *sine die*.

**OBSTETRICS AND DISEASES OF WOMEN.**—A discussion took place on the subject of the "Investing Capsule of Uterine Fibroids." As Dr. E. S. Dunster remarked, it was "only a war of words as long as no one defined what an investing capsule is," which seemed to have a sedative effect on the learned gentlemen who had been talking.

Dr. H. P. O. Wilson, of Baltimore, exhibited, by request, his uterine dilators. A discussion followed on the course to pursue when the placenta is retained after abortion. Dr. Wilson and Dr. Mundé, of New York, would remove it with instruments in case it is not expelled spontaneously within a reasonable period, while Dr. Cole, of California, and Dr. King, of Washington, were in favor of no violent methods of interference. A number of gentlemen took sides, for and against forcible dilata-

tion. No new facts came to the surface.

Dr. H. O. Marcy, of Boston, exhibited, by request, his double drainage and injection tubes. He cited a case of cystitis, which was cured by keeping up a continuous stream of warm water through the bladder for twenty-four hours. The Section then adjourned to next afternoon.

The address of Dr. Wm. Pepper, Chairman of the Section on Practical Medicine, was delivered at the general meeting. In this address no attempt was made to chronicle the advances of practical medicine during the past year; "germ theory" was gravely questioned; a remarkable case of recovery from malignant diphtheria under the administration of bi-chloride of mercury in doses of  $\frac{1}{32}$  grain every second hour, in a child five years of age, was cited; the enormous importance of catarrhal lesions, both as complicating specific diseases and as essential causes of many cases mistaken for specific morbid affections, was insisted upon; the German theories and treatment of fevers were condemned; Dr. H. C. Wood's recent experimental researches on Fever were extolled; Wood's hypothetical "inhibitory thermic center" was cordially adopted; the use of antipyretics in typhoid fever was considered as often uncalled for, likewise the stuffing of the patient with easily decomposable food; catarrhal fever was recognized as a distinct disease, although the description given was that of characteristic typhoid of a mild form; the theory of pneumonia being a specific fever with a local manifestation (of Flint, Sr.) was strongly opposed; chronic catarrhs in general, seem of the greatest importance to Dr. Pepper, a large share of the address being taken up with their consideration. The paramount importance of *local* catarrhal conditions over *general* septic, specific or zymotic poisoning was insisted upon, and another fling at the German pathologists closed the address.

The address of Dr. James R. Chadwick, of Boston, Chairman of Section on

## OBSTETRICS AND DISEASES OF WOMEN,

Was devoted to a statistical consideration of the whole volume of obstetrical and gynecological literature of the entire past five years. He presented a quantitative analysis of this literature with reference to nationalities, and sketched the rise and fall of the interest evinced in certain special topics, as shown by the number of separate publications and journal articles published in each year. This was certainly one of the most philosophical and really valuable papers read before this meeting of the Association. The analysis was exhaustive and the estimate of the value of the literature in question was undoubtedly very near the truth we cite his conclusions relative to the *quality* of that furnished by the different nationalities.

"Germany unquestionably advances pure science more than any other nation; the papers in its three journals are the most profound and the most critical.

"France manifests a great dearth of original ideas and a most discursive style of discussion, but considerable painstaking historical research. Its journals are prolix and for the most part profitless reading, and exceed in number the legitimate demand.

"England exhibits a waning interest in this branch of medicine, little originality but a notable discrimination in adopting new theories and applying them to practice. Its only special journal died a natural death at the close of last year.

"To America I have no hesitation in according pre-eminence in this special field. Our countrymen meet the emergencies incident to child-bearing with a quickness of perception and readiness of action rarely seen in other countries. This ingenuity has led them to devise new operations in gynecology and to carry their art with brilliant results, so that to-day the practice of that branch has reached a stage here far in advance of other nations. Of course, our national aptitudes lead many of us to overestimate the beneficial results of surgery, but, taken all in all, close observation and study in most of the countries in Europe has confirmed me in the opinion that in obstetrics and gynecology America leads the world."

[To be continued in our next.]

## Extracts and Abstracts.

## UNNECESSARY GYNECOLOGICAL OPERATIONS.

DR. CLIFTON E. WING.

The *Boston Medical and Surgical Journal* thinks that the operative part of this specialty is overdone. He directs attention specifically to these: That for ruptured perenæum; division of the neck of the womb; Emmet's operation for restoring the neck where this has been torn; curetting the uterine cavity, and the operation upon the anterior vaginal wall for prolapse of this portion and cystocele. Each of these is discussed in extenso, and he shows how each of them is performed much oftener than is necessary. The amount of unnecessary suffering inflicted and of fees collected for "operations" which have no right to be dignified by the name, are shown very clearly to be enormous. The paper is worthy of great praise.

FISH BONES lodged in the pharynx are rendered flexible, and are finally broken up by a mixture of hydrochloric acid (four parts) or nitric acid (one part to two hundred and forty parts of water), used as a gargle, the teeth being protected by oil or lard. So says Professor Voltolini in *Monatsschrift für Ohrenheilkunde*.—[*Canada Medical Record*.]

CORRIGENT ELIXIR.—Walter C. Stillwell, Ph. G., M. D., in connection with a protest against giving disagreeable medicines unnecessarily, gives (*Medical Times*) the following formula:

R	Aurantii. cort. recens	-	3j;
	Sem. anisi (cont.)	-	3ij;
	Sem. cardam. (cont.)	-	3j;
	Sem. fœniculi (cont.)	-	3ij;
	Coccus cacti (cont.)	-	3j;
	Sacch. albæ	-	3xxxij;
	Spts. vini rect.	-	3iv;
	Aquæ	-	Ojss;

M.—Half a fluid ounce of this compound added to a four-ounce mixture containing disagreeable-tasting medicines, such as

bromide and iodide of potassium, bicarbonate of sodium or potassium, quinine and many others, will cover a multitude of imperfections in a prescription, as regards color, taste, etc.

**EUCALYPTOL.**—The experiments of Schultz, in 1878 (*Centralblatt für Chirurg.*, No. 4), apparently demonstrated that oil of eucalyptus is preferable, in Listerian maneuvers, to carbolic acid. The latter prevents the development of bacteria in a solution of 1:200, while the oil in a solution of 1:666, in this respect, being more than three times as strong as the former. Moreover, it smells pleasant, is readily dissolved in alcohol, other oils and paraffine, and is so harmless withal, that more than a drachm of it (5 grains) was taken without any unpleasant effect.—San Francisco *Western Lancet*.

**ENLARGED SPLEEN.**—A Texas correspondent of *Gaillard's Medical Journal* states that the following drugs have proved most effective in this very common affection: "First, in importance, is, we believe, the iodide of manganese, in one or two-grain doses. The tincture of iodine, in ten-drop doses, *ter die*, until its constitutional effects are manifested, is, we think, of great value. A large blister over the affected organ, and repeated as rapidly as possible six or eight times, was of great benefit to the writer; but it is difficult to persuade patients to submit to more than one blister while able to go about and attend to their daily business. The muriate of ammonia, in gr. v. doses, is another valuable remedy. But, with one and all of these, we often fail to find any reduction in the size of the organ or in the tenderness over its site. One remedy that we should have mentioned as often beneficial, is oil of black pepper, in combination with prussiate of iron."

He fails to mention the internal administration of arsenic, and injection of fluid extract of ergot into the organ, as recommended by Hammond.

## St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - JULY, 1881.

Reports of the Proceedings of Societies, Correspondence. Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents.

### Editorial.

#### SPECIALISTS vs. GENERAL PRACTITIONERS.

##### THE GUTTEAU CASE.

The CLINICAL RECORD has repeatedly condemned the snobbish and exclusive spirit manifested by a certain class of specialists towards the general practitioner. We have again and again, found the general practitioner to exhibit as much and even more acumen, and certainly more common sense, in the treatment of special affections than many of the self-styled specialist members of consulting rings. No better proof of the soundness of our position could be given than that which will be manifest to the reader's mind on perusing the two subjoined extracts. The one from a specialist's journal, the other from a general practitioner's organ.

##### EXTRACT A.

"As to Guiteau, there is no doubt, in our mind, as to his insanity. One uncle and two cousins have been insane; as a youth he was ill-balanced, irritable, full of vagaries; later, he became subject to extravagant delusions, and, at one time, attempted to kill his sister, almost unprovoked. Of late, disappointed in seeking office, his weak brain turned by the Washington-Albany struggle, he became the subject of a fixed delusion that God had ordained him to kill

the president. It was simply a case of delusional insanity of so common a character that, but for the prominence of the victim, it would have received but a passing notice in the papers. He being insane, it is of course, eminently improper to speak of inflicting upon him any punishment whatever. For the protection of the people, he should simply be placed in the back wards of some insane asylum, and there end his days. Such a termination would be so far removed from the glorious, or tragic, or martyr-like, as to act more or less largely as a restraining influence upon other visionary, demented, delusion-possessed individuals.

"Guiteau's act teaches a deeper lesson, but one which the people are not yet ready to learn: that all lunatics should be placed in proper receptacles for safe-keeping. No one can foretell, in any case, when the apparently harmless lunatic may become dangerous. He may never become so, or he may become so to-morrow. Society cannot afford to take the risk."

#### EXTRACT B.\*

"Morbid egoism is a prominent characteristic of the insane, displaying itself in every stage of their malady short of dementia. Their self-feeling is revealed in their *depression, self-abasement, exaltation, fear or fury*. Their delusions generally pertain to self. \* \* \* The asylums for the insane are filled with personal confirmations of this fact, and the outside world with its average of one insane person to every thousand (on the basis of one insane person to every five hundred people, and only one-half of the world's insane are in the asylums) has, likewise, its due proportion of egoistic maniacs, as well as its *morbid* egoists who have not reached but are marching on to beyond the border line which separates responsible from irresponsible insanity.

"Brutus, publicly killing Cæsar in a most tragic manner, 'not that he loved Cæsar less, but Rome more;' J. Wilkes Booth, the slayer of the good Lincoln, with *sic semper tyrannis* on his lips, a gleaming dagger not for use, but effect, in his hand, and an appalled and astonished audience before him, are examples of that morbid egoism which undertakes desperate deeds simply for the real or expected applause of their execution.

\* Italics our own.

"Mark Gray shooting at Edwin Booth during the progress of the play in a Chicago theater for an imaginary affront; poor Lawrenson seeking the life of President Jackson in the Capitol grounds for 'woes unnumbered,' which he morbidly imagined the President had brought upon the country; poor pitiable Freeman, of Pautucket, in obedience to an insane impulse born of too much prayer and too little food and sleep, plunging the cruel blade into the simple, trusting heart of his own child, believing, in his blind, fanatical egoism, that the God of Abraham would timely stay the insane blow, are, in greater or less degree, illustrations of insanity.

Last, but not least, the tragedian of the late Washington horror, who, without real grievance, selects a conspicuous place, seemingly that he might be 'the observed of all observers,' in a premeditated tragedy, makes adequate preparations for his prompt escape and, apparently, for his safety from possible mob violence, and then proceeds in the tragic but dastardly, deliberate and remorseless manner to assassinate the beloved President of this free Republic.

\* \* \* \* \*

"Was Guiteau only a vain egoist, who, without the extenuation of disease, would remorselessly sacrifice a life of grand and priceless promise for the accursed notoriety to be gained by the tragic deed; had he an adequate imaginary grievance, founded in excusable cerebral disease, for the heinous crime?"

"Was the *vis a tergo* of this atrocious act *morbid* or was it *motive*, are the grave questions which, when the good President's fate is no longer trembling in the uncertain balance, are to be dispassionately decided at the Capitol? (*sic*.) Till then the cautious psychological expert, duly appreciative of the gravity of the question as to Guiteau's precise mental status and degree of responsibility, must hold his decision in cautious abeyance. Sane men do often act like mad men and *vice versa*. Every madly appearing deed is not always the offspring of disease. Let us wait for all the facts and then we shall see clearly."

Now, without prejudging the matter by naming the sources of the two quotations, the reader will instantly recognize in the former opinion the expression of a man who knows whereof he speaks; in a few,

almost off-hand remarks, he delineates the chief etiological factor: heredity, the delusions, and the medico-legal and sociological aspects of Guiteau's case. Nothing better could be said in so few words.

In the second extract will be recognized a windy, non-committal attempt to popularize a matter on the subject of which the author's own mind was hopelessly befogged; a specimen of that same morbid egoism (or "motive?") which is deprecated; and an emotional sort of oratory which almost tempts one into making a closer inquiry into the mental state of the orator's blood relations.

Which of these opinions was written by the specialist—the calm, cool and sound opinion? No! That was the work of a general practitioner, the editor of the *Ohio Medical Journal*. But extract B is to be credited to a specialist journal, the *Alienist and Neurologist*, of this city.

The clause: "some men do often act like mad men, and *vice versa*," was evidently inspired by a desire to dig a provisional loop-hole for escape from the Redemeier dilemma.

If the writer of this self-advertising, "cautious-psychological-expert" opinion were a competent psychologist, if he had ever read the writings of the insane, or carefully studied insane patients, he would have recognized Guiteau's insanity instantly on reading his letter to General Sherman. But not the strongest evidences of insanity, the clearest hereditary tendency, the strongest history of insanity, can convince an "expert" who, hit or miss, purposes being on the "popular side."

"Condurango Bliss" was on the "popular side"—for a brief period—and we suppose this "cautious psychological expert" will be in a similar position if, happily, his insignificance and the crushing *dementi* of the Redemeier autopsy do not interfere with his "delusional project" of entering Washington as expert in the Guiteau case.

THE AMERICAN MEDICAL ASSOCIATION meeting was utterly insignificant, so far as scientific results are concerned. Our running commentary in the abstracts of its proceedings gives our opinion. The social features were all that could have been desired, as was to have been expected from the well-earned reputation of Richmond for elegant and free-handed hospitality.

THE NEW MEDICAL COLLEGE, at Kansas City, is founded on the firm basis of the advanced standard, first inaugurated by the Chicago Medical College. Missouri can now boast of *three* institutions worthy of the support of the profession: The St. Louis College of Physicians and Surgeons was the first in this State to take the advanced position; the St. Louis Medical College followed the example a year later; and now we congratulate the profession and the people that a third school has been established within our borders, devoted to progress and science. The world doth move, especially in the Western sections of these United States.

WASHINGTONIAN SURGERY will receive due consideration in our next number. As near as we can learn, it has certainly been disgraceful to the American profession.

THE INTENSE HEAT of the present summer has caused a high death rate all over the country, more especially in the larger cities. To attribute the increased mortality of St. Louis, and the repleted state of our hospitals, to the closing of the City Dispensary, "free drug store," is certainly very illogical.

DR. GEORGE W. HALL, well known as a learned and talented teacher in the Missouri and Keokuk medical schools, has accepted the chair of the Practice of Medicine in the St. Louis College of Physicians and Surgeons. We congratulate the rising generation of medical students upon Dr. Hall's return to the lecture room.

## Book Notices and Reviews.

AMERICAN NERVOUSNESS, ITS CAUSES AND CONSEQUENCES. By George M. Beard, A. M., M. D. New York: G. P. Putnam's Sons, 27 & 29 West Twenty-third st. 1881.

"This work is designed as a supplement to my lately published work on Neuræsthenia." With these lines opens the preface of the work before us. The reader of our Review on the "Neuræsthenia" volume, and who has become in consequence perhaps, afflicted with "Beardophobia," will mechanically ask himself the question: If such trash was "Neuræsthenia," what must its supplement be? And well may he ask the question!

Its character, which the author claims is more "philosophical and popular" than that of his other treatise, may be inferred from the author's own statement, that its "distinctive thoughts" (Heaven save the mark!) were to be found in his articles published in the *North American Review*, in the *Atlantic Monthly*, in *Appleton's Journal* and in the *Yale College Courant*. He also refers to his lecture on the same subject before the Philosophical Society of Chicago, but neglects to mention how he was annihilated by Dr. Jewell and others in the discussion, as reported in the *Chicago Medical Review*. But Beard is enough of the Barnum of American Medicine never to reply to a question, never to meet an issue, never to refer to a criticism and never to give credit, for what little is genuine in his writings, to their proper source. Such writers prefer the silence of the few medical journals, independent and frank enough to expose the emptiness of their work, and this preference is the very simple explanation for the unwillingness of certain publishing firms to send their inferior publications to the St. Louis CLINICAL RECORD. While we are in daily receipt of the better class of medical works, many of which are published by the New York firm above mentioned, the latter has shown a good business policy in neglecting or forgetting

to send us *American Nervousness* and *Ranney's (?) Atlas*, certainly a better business policy than when it lent its name to the endorsement of the latter plagiarism.

Our opinion on the work of Dr. Beard can be summed up as follows: 1st. It is a "pot-boiler." 2nd. It does not contain a single original thought which merits the adjective sound. 3d. It is verbose, ambiguous and superficial. 4th. It betrays the author's ignorance of the fundamental facts of medicine in every chapter. 5th. It is an insult to the American nation; and 6th, It is an insult to the profession.

What is a "pot-boiler?" Whenever a specialist, or any one else for that matter, finds that the ordinary methods of advertisement permissible within the elastic code of ethics, that is, newspaper interviews, on all sorts of subjects relating to the public health, on the condition of the wounded President for example, and public exhibitions before scientific and pseudo-scientific associations of trance subjects fail, or in other words when the given personage is in some risk of dropping into obscurity, in spite of the brazen clang of his advertising cymbals, he scrapeth together enough of the where-with-all to purchase a publisher's name for a gilt edged, green covered affair, dealing with some semi-popular medical subject. It is reviewed in the daily papers and we know of at least one "pot-boiler" writer who insures favorable notices through the same device which is resorted to by a notorious criminal lawyer, who acts on the impressionable mind of average juries through the daily press, namely, the keeping of an open table for newspaper reporters. It is then purchased by the laity, who consider those portions of the work as the most profound, which are least clear to them, forgetting that they probably were as little clear to the author. There are instances on record where authors have acted as their own book-agents, nay, to come down to our very subject, Dr. Fourness Bryce has in several letters to the

*British Medical Journal*, detailed the dignified manner in which Dr. Beard represented the American Medical Profession by distributing his pot-boiler on sea-sickness entitled, "Oh my!" on board a British steamer, gratuitously among the passengers. That is what we mean by a "pot-boiler."

Our second statement requires no detailed support, the name on the outside of the cover suffices.

A single illustration will suffice to demonstrate the third statement that the book is verbose, ambiguous and superficial. "The sign and type of functional nervous diseases that are evolved out of this general nerve sensitiveness is, neuræsthenia (nervous exhaustion), which is in close and constant relation with such functional nerve maladies as certain physical forms of hysteria, hay fever, sick headache, inebriety and some phases of insanity; is, indeed, a branch whence at early or later stages of growth these diseases may take their origin.

"Fifth. The greater prevalence of nervousness in America is a complex resultant of a number of influences, the chief of which are dryness of the air, extremes of heat and cold, *civil and religious liberty*, and the great mental activity made necessary and possible in a new and productive country under such climatic conditions." (Italics our own.)

Perhaps America had better import a religious oligarchy, and exchange the stigmatizations, *convulsionnaires* and dancing lunatics of the middle ages for our nervous subjects (who are as numerous in the large cities of Europe and were studied fifty years before Dr. Beard's advent to this world, in Edinburgh, by Dr. Robert Whytte).

To prove the fourth count in our indictment, we might take Dr. Beard's own statement, p. 317. "Ignorance is power as well as joy, as even our knowledge takes its roots in our lack of knowledge; to know one thing, we must needs be ignorant of many other things, a very

"general though accurate acquaintance with what is farthest from us in science, and exhaustive knowledge of what is nearest to us and most in the line of our tastes and duty—the harmonizing of these two aims is the true ideal of scholarship. The constant and unwavering admission of the fact that the human brain, in its very highest evolution, is an organ of very feeble capacity indeed, is the preliminary truth. \* \* \* \* \* The brain can hold but little—it is more like a sieve than a target—allowing the majority of all external irritations to sweep over it, leaving no trace of their presence."

As elucidating the mechanism of his own brain, its sieve-like character, and the sweeping of his earlier medical instructions over it, without leaving a trace behind, Dr. Beard adds, p. 331, *literatim et verbatim*: "One of the pleasantest memories in my life is that, during my medical education, I did not attend one lecture out of twelve,—save those of a clinical sort—that were delivered (brilliant and able as some of them were) in the college where I studied, and my regret is, that the poverty of medical literature at that time compelled me to attend even those."

"The hardest worker, in the best modes of work, and one of the healthiest men I ever knew, is Edison."

This adulation is natural, the "five hundred" patents of Edison are analogous to Beard's five hundred more or less "pot-boilers" and other publications, viz: the most unblushing appropriations, reinventions and rediscoveries. Probably these kindred spirits mutually discovered Edison's "Polyform,"—nostrum. The following requires no comment: "Throughout this book references and foot-notes are resorted to but occasionally, since to make the list of authorities of sources of facts complete would require another volume at least half the size of the present one." This is a new way of concealing the credit due to others; it is a feature of "Beardism."

Perhaps it is after all no advantage to have a sieve-like brain (Beard's ideal)! Referring to Scudder's researches on the *V. Cardui*, as illustrating his assertion that animal life is more intense in America and more prolific therewith, he shows his ignorance of zoological nomenclature, though he claims to have studied Dr. Scudder's paper; there is no genus named V or W or X, it happens to be an abbreviation in this case for *Vanessa* or some other genus.

If Dr. Beard had a slight knowledge of zoology he would not have trenched on this dubious field. The Chinese water-deer (*Hydropotes inermis*) has four times as many young at a litter as any American species, and the question loses all application to "American nervousness," when we recollect that the foreign immigration is richer in progeny than the native American.

Dr. Beard insults the American people on nearly every third page of his book; that he praises the beauty of American women, does not do away with his slurs. The American, according to Dr. Beard, cannot drink alcoholic beverages without going to the wall before an Englishman, he requires an infusion of German blood to avoid dying out; he is near sighted, a temperance-fanatic of necessity, his teeth are rotten, he is prematurely bald, is sensitive to heat and cold; the beauty of American women is a sign of nervousness, American humor is an evidence in the same direction; the American is more susceptible to trance, and so on and so on, to the end of the volume.

A few months before this book appeared, the profession of New York unanimously petitioned the Legislature in reference to the filthy condition of the streets, and the increase of zymotic diseases of a certain character, and the general injury to health thence ensuing.

Dr. Beard does not fail to gild this like every other sensational subject with the glamour of his mawkish and offensive oratory, and flatly asserts that no disease was

ever produced by dirt, and no material discomfort the result.

Dr. Beard's views may be summed up thus: All the teachings of medical science are worthless, the (his) brain was too sieve-like to retain them in his youth, and he is reduced to fill his writings with paradoxes in default of facts. The American is degenerating; if matters go on as they have been, he will become a total abstainer, he will suffer throughout the length and breadth of the land from diseases which only Beard can cure, and the emigrant of fifty years hence will be able to mesmerize the whole nation, so susceptible to trance will we have become.

Enough said! We cordially recommend the purchase of the volume if for no other purpose than to teach how much a publisher's endorsement is worth, and with what trash publishers dare to insult the profession at large.

#### THE CHEMISTRY OF MEDICINES, PRACTICAL.

A Text and Reference Book for the use of Students, Physicians and Pharmacists, embodying the Principles of Chemical Physiology and their applications to those Chemicals that are used in Medicine and in Pharmacy, including all those that are Official in the Pharmacopœia of the United States. By J. U. Lloyd, Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O., etc. Second Edition. 12mo. pp. 451, with 60 original cuts. Cloth, \$2.75; leather, \$3.25. Cincinnati: Robert Clark & Co. 1881. From the Author.

The sale of a large edition, within thirty days of its issue, is a very good endorsement of the opinion we expressed of this work three months ago. It is not necessary to analyze its contents a second time so soon. The second imprint has not changed in character from the first, except that the paper, press-work and engravings are all better. The illustrations which we referred to as rather inferior, have been replaced by excellent specimens of the engraver's art, and the entire book presents a fine appearance. We congratulate the author upon

the success he has achieved, and the reader upon the opportunity presented of obtaining a really practical and thoroughly trustworthy work on chemistry.

#### ATLAS OF GYNECOLOGY AND OBSTETRICS.

Edited by Dr. A. Martin, Professor of Gynecology, at the University of Berlin. Containing 475 Black and 37 Colored Illustrations from the original designs of Beigel, Virchow, Hyrtle and others, supplemented by numerous illustrations from J. P. Maygrier's *Nouvelles Demonstrations d'Accouchements*. In 15 parts, \$1 each. Parts I, II, III and IV. A. E. Wilde & Co., Publishers, Cincinnati, Ohio. No subscriptions received for less than the entire work.

We congratulate the American profession upon having this excellent and extensive series of illustrations placed within the reach of every member. The enterprising Cincinnati Publishing House deserves our hearty thanks for undertaking such a valuable work.

The plates are all, thus far, well done, and, being taken from several sections of the series, are doubtless fair specimens of what the whole will be.

We hardly understand why the publishers should not present the plates in their proper succession, but presume the exigencies of publication have compelled such a heterogeneous mixture of obstetrics, histology, pathological anatomy and gynecology, as we find in the first four numbers. We also miss the explanatory letter-press from many of the plates.

The work, as a whole will undoubtedly prove a most valuable one, while the price at which it is offered is merely nominal. We trust Messrs. Wilde & Co. will receive the encouragement their enterprise deserves. It is one of the best investments we have seen offered. It is expected that the set will be completed by June next. We know of no local agency, therefore it would be best to send directly to the publishers.

INDEX CATALOGUE of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Vol. II.

Berlioz-Cholaz. 4to. pp. 990. Washington: Government Printing Office. 1881. From the Surgeon-General U. S. Army.

We are glad to note progress in the publication of this magnificent work. It is, practically, an index of almost all the medical literature of the world that is accessible to the scholar. No time, labor or expense has been spared to make this Library complete. The result is, that the American student may now consult almost every work of any value on any medical subject he may select. The value of such a store-house of knowledge is incalculable. But, without a thorough index, this vast collection is nearly useless; with one, its riches are at the investigator's disposal.

This second volume "includes 12,459 author-titles, representing 9,834 volumes, 9,810 pamphlets. It also includes 11,550 subject-titles of separate books and pamphlets, and 87,310 titles of articles in periodicals."

The above, from the introductory note, by the editor, Dr. J. S. Billings, U. S. Army, gives but an imperfect idea of the immense amount of labor expended upon this single volume, which comprises but a small portion of the entire work.

To all medical authors and writers, this Index Catalogue will be, indeed, invaluable. It is probable now, that such a good beginning has been made, that the undertaking will be pushed to conclusion as rapidly as is compatible with accuracy.

MEDICAL ELECTRICITY. A practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A. M., M. D., LL. D., Professor of *Materia Medica* and General Therapeutics in the Jefferson Medical College of Philadelphia, etc., 8vo. pp. 262, with 96 illustrations. Cloth, \$2.50. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: Hildreth Printing Co.

Prof. Bartholow has given the world several valuable works, some of them of great worth. He is a charming writer and speaks

with a degree of positiveness about his convictions that is certain to secure the admiration and trust of the vast majority of his readers. In this age of therapeutic nihilism it is refreshing to read the words of an ardent believer in the efficacy of remedial measures, and Roberts Bartholow is one of these.

In his preface, the author states: "That there are excellent works on medical electricity is undeniable, but some of them are too voluminous, others too scientific and not a few wanting both in fulness and accuracy." He might have added: and more than one designed to fill the pockets of impudent charlatans. In the preparation of this work he has endeavored to avoid these errors; "to prepare one so simple in statement that a student without previous acquaintance with the subject may readily master the essentials; so complete as to embrace the whole subject of medical electricity, and so condensed as to be contained in a moderate compass."

The work is, indeed, of very moderate compass. It is divided into six "parts," which are subdivided into chapters, each very short. After an introduction on Modes of Force and Medical Electricity, comes Part I, Electro-Physics, in which the different forms of this force and the various apparatus for its generation, conduction and utilization are described very plainly and clearly.

Part II.—Electro-Physiology, treats of the action of the different forms of electricity upon the different structures of the animal body and particularly upon the nervous and vascular systems.

Part III contains two short chapters on Electro-Contractility and Electro-Sensibility, which constitute the basis of Electro-Diagnosis. Although brief, these chapters are very satisfactory, and are among the best in the book. The description of the reactions of degeneration are especially excellent.

The nine chapters of Part IV, on Electro-

Therapeutics, contain a good *resumé* of what is known on the subject—perhaps more than we have any trustworthy data for. The author seems quite enthusiastic over the advantages of the Toepler-Holtz machine for producing static electricity. As the apparatus is quite expensive, we trust his readers will heed his warning and wait for further experience "before pronouncing final judgment on the merits and value of the new procedure," and particularly before hastening to invest their money.

Part V, on Electricity in Surgery, contains a good description of Plante's cell for "storing up" electricity, which will probably play such an important part in the near future. Of course the usual modes of using the galvano-cautery, electrolysis, etc., are also described, with the best forms of apparatus for the surgical use of electricity. Due credit is given Dr. A. Wellington Adams, now of Denver, Colorado, for his remarkable invention of the electric laryngoscope.

Part VI, on Thermo-Electricity, is principally taken up with differential thermometry, and contains a description of Lombard's instrument. Prof. Bartholow evidently has very little confidence in the results thus far obtained by the expenditure of a vast amount of labor by Lombard, Seguin, Amidon and others, by means of surface thermometry. It is possible something will grow out of it in the future, but this is by no means certain.

We should have noted in its appropriate place, the author's opinion of the "electric-bath" and "general electrization" so-called. We cite his words (pp. 78-79): "So great is the resistance offered by the water to the passage of electricity, that but little, if any effect is produced by even powerful currents. Charlatans who apply this method impose on their ignorant clients by connecting the electrodes with some part of the patient's person, but when this is done it is no longer an electric bath. Under any circumstances, applied as completely as can

be, the electric bath is a very inferior application, and violates the canon which requires applications to be made to the affected part. The same remark is true of general electrization. It is undeniable that patients have improved under a course of general electrization, but how much of the benefit is due to mental influences does not appear. We know that extraordinary results have been achieved by agencies which simply impressed the imagination."

Our author speaks very positively of producing marked results by galvanization of the cervical sympathetic ganglia—more positively than we believe the facts will warrant. The alleged effects of such applications are, to say the least, very doubtful.

In conclusion, we can cordially recommend this book to the student and practitioner of medicine, as containing within a small compass all that they will require relative to medical and surgical electricity. The paper is excellent, the type large and clear, while the price places it within the reach of all.

**HYGIENE AND TREATMENT OF CATARRH, PART II. Therapeutic and Operative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears.** By Thos. F. Rumbold, M. D., 12mo. pp. 467, with 40 illustrations. St. Louis: Geo. O. Rumbold & Co. 1881. Cloth, \$2.50.

When we reviewed Part I. of this work, we had some hopes of inducing the author to pay some slight attention to a few of the rules of English grammar. These hopes, we profoundly regret to be obliged to say it, have been most cruelly disappointed. From first to last, from the opening sentence of his Introduction to the final page, he shows himself either sublimely indifferent or prodigiously ignorant of the rudimentary rules of the language he deliberately murders. We shall be content with citing a very few from a multitude of instances (*italics our own*):

The opening sentence of the preface reads thus: "The theory and practice

contained in this book, is the product of over twenty years of continuous labor, observation and study."

From next to the last paragraph of preface, page xii: "It was not thought necessary to state under each illustrated instrument, 'The author, etc.,' although every one of them *are* of my own invention."

On page 242, we find the following: "According to my observation, the left side of the nose, the left ear, and the left side of the throat, is more frequently affected from this disease than the right side." Page 341: "It will always be observed that as the inflammation of the pharyngo-nasal cavity is reduced, so *does* the symptoms connected with the Eustachian tubes subside." These elegant specimens are sufficient to indicate the author's literary style, although few in number. They might be multiplied by ten and even then the supply would not be exhausted—our readers might be, however. We have no excuse for going farther in this direction, for our author states, on page 344, that he writes for "the critics of 1890." Mindful of Mother Shipton's prophesy, we prefer to anticipate 1890 by a few years; if the world survives to that time, we have our doubt as to any critic devoting his energies to this book when the day arrives.

Although the book has many grave faults, it has its strong points and some exceedingly valuable features. Among these are to be mentioned the author's emphasis upon the great advantage of treating all catarrhs of the mucous membrane by mild methods and non-irritating remedies, and on the advantages gained by maintaining a perforation of the membrana tympani to insure a more thorough treatment of the Eustachian tube and the middle ear.

It is exceedingly unfortunate that the author should have seen fit to insert the following personal advertisement in his preface (which we reproduce gratis): "It is conceded by all who have had extensive experience in operative procedures requir-

ing use of a large variety of instruments, that it is an important means of securing success to have everything so arranged that the operator may have the greatest facility for making examinations, applications, etc. With this end in view I have spared no pains to make the armamentarium of my office, including my operating table, as perfect and convenient as possible." A full-page picture of "his operating table" is given to deepen this impression—and an elaborate affair it is. It contains 37 or more drawers—large and small—a galvanic battery, a spittoon (of which he is evidently very proud, as it is mentioned more than once), air reservoir, and several baskets appropriated to the use of clean and soiled napkins—they might, however, have found better use as receptacles for waste paper, of which our author furnishes so large an amount.

With the kindest feeling towards Dr. Rumbold, we must express our regret that he has permitted so many errors to spoil what might have been a very useful work.

#### LITERARY NOTES.

THE *North American Review* for July contains several valuable papers. The first in importance is one by Carl Shurz, on the Present Aspect of the Indian Problem. No man is better qualified for the task of telling us what to do with the Indians than the Ex-Secretary of the Interior. To save them from extermination and, ultimately, to fit them for the duties of American citizenship, he suggests: "1. That they be taught to work by making work profitable and attractive to them. 2. That they be educated, especially the youth of both sexes. 3. That they be individualized in the possession of property by settlement in severalty with a fee simple title, after which the lands they do not use may be disposed of for general settlement and enterprise without danger and with profit to the Indians."

THE *Religious Conflict of the Age*, by a Yankee Farmer, is readable, although the writer does not demolish the Agnostics and Evolutionists quite so thoroughly as he seems to flatter himself he has done.

THE *Power of Public Plunder*, by James Parton, is a graphic sketch of one of the greatest dangers which threaten the permanency of our free institutions. The *Common Sense of Taxation*, by Henry George, is a strong plea for placing taxation where it belongs—upon land values. The *Cost of Cruelty*, by Henry Bergh, is a very good presentation of the evils of the present barbarous and wasteful mode of transportation of animals used for food. The closing paper is a gem—*A Study of Tennyson*, by Richard Henry Stoddard. The *Laureate* never received a more just or more appreciative review in the half century he has been before the public. Altogether, it is an excellent number. Published by D. Appleton & Co., of New York. Subscription, \$5 a year.

#### BOOKS AND PAMPHLETS RECEIVED.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M. D., Surgeon-General U. S. Army (Retired List); Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York, etc. 8vo. pp. 929, with one hundred and twelve illustrations. Seventh edition, Re-written, Enlarged and Improved. Cloth, \$5.00. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1881. St. Louis: Book & News Co.

A MEDICO-LEGAL TREATISE ON MALPRACTICE, MEDICAL EVIDENCE AND INSANITY. Comprising the Elements of Medical Jurisprudence; by John J. Elwell, M. D., Member of the Cleveland Bar. One of the editors of New Edition of Bouvier's Law Dictionary, etc. Fourth Edition—Revised and Enlarged. Large 8vo. pp. 600. Leather, \$6.00. New York: Baker, Voorhis & Co., Publishers, Law Book-sellers and Importers, 66 Nassau street. 1881. From the Author.

# ST. LOUIS CLINICAL RECORD.

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## Original Communications.

### *CHOLERA INFANTUM.*

BY ROBERT M. KING, A. M., M. D.

In the June number of this journal occurred a statement to the effect that a certain eminent and successful practitioner of this city, treated cholera infantum with lactopeptine and bismuth. My object in writing this article is not to discredit the use of either of these remedies, or to inveigh against the physician referred to, but to guard against the inculcation of an implied and, to me, an erroneous idea, viz.: specific medication in this or any malady the pathology of which is so little understood.

That lactopeptine and bismuth, in certain stages of the disease, and under certain contingencies, may properly be employed, I am willing to admit; but to claim for them specific action, or that their use is a *sine qua non* in its treatment, I hardly believe the eminent gentleman, so flatteringly endorsed by the RECORD, would be willing to place himself "on record" as advocating.

It is not my intention to enter elaborately upon the etiology, semiology, or pathology of this affection, for these can be gained from far abler and better sources; but I intend to give a few practical hints relative to prophylaxis and treatment.

Cholera infantum is a disease of great severity, and the measures to be adopted or its prevention and in the management

of its acute and advanced stages, must be commensurate with the urgency and gravity of existing symptoms. No mere wave of the hand will answer, for frequently the tocsin of warning is hardly sounded before the grim-visaged destroyer appears to claim his victim. Is it possible that an affection which makes such fearful havoc among the "wee ones" of every large city can be so insignificant in its nature as to be readily vanquished by the simple agency of lactopeptine and bismuth? To my mind, the cause of the mortality from this disease is no trivial matter, and the means at hand for its cure not so easily wielded. These demand the most careful consideration and the employment of all agencies which will aid in saving life.

The name indicates "a copious watery flux," and this is attended by violent vomiting and great prostration of all the powers of life, resembling to a marked degree the course of events in Asiatic cholera. It should be easily differentiated from mild, non-inflammatory diarrhoea, which also occurs during the summer months, which yields readily to mild and simple measures. It affects infants during their first and second years of life, and is introduced by vomiting and serous stools, which produce rapid emaciation, and in a very short period evidences of fatal debility are plainly visible. Occasionally, its duration is exceedingly short, either "ending fatally or begins soon to abate and cease, or is transformed rapidly into inflammation" of the intestinal tract, with subsequent brain complications.

This is a brief summary of its history, occurring as it does during the summer months of June, July, August and September. Its causation is related to an elevated temperature as predisposing, and excited by dentition, indigestion and bad hygienic surroundings. It is not exclusively a disease of large cities, as has long been taught, but it occurs in towns, villages, and even in the country; in fact, anywhere "insalubrious localities" are to be found, and wherever "personal or domiciliary uncleanness or exposure without proper protection to the vicissitudes of the weather" obtain.

It is quite evident that this disease arises from external causes, and that these external causes are followed by internal changes. Autopsies have confirmed this, but cholera infantum, like many other diseases, embraces a number of different pathological conditions developed at different periods of its progress. Hence it is that there may be prominently manifested either extreme gastric or enteric irritation, or both combined, accompanied by a chain of symptoms peculiar to each, and each requiring appropriate remedial agencies.

In the gastric and gastro-enteric forms, vomiting is a prominent symptom; while in the purely enteric variety, purging is the predominant evidence of disease. The remedies indicated for the first-mentioned forms would be ineffectual and inappropriate in the last.

In all epidemic diseases of great gravity and fatality, a host of remedies have been recommended. So long as we have to grope about in the dark, catching an idea here and there, reasoning from incorrect premises, we necessarily must draw false inferences and our treatment of disease in general will consequently be irrational and largely empirical. Were physicians more accurate in diagnosis, closer observers, patient and consistent thinkers, the means adopted to the end would be quite different from those now in vogue.

The treatment of cholera infantum is indicated in the foregoing brief history of its causation and pathology.

First of all, remove causes of irritation, such as undigested food, etc., and place the patient in a pure and healthful atmosphere. An aperient, opportunely given, frequently proves the best astringent, and the rapid improvement in the general appearance and condition of the little sufferer, following a change of air, tells plainly that plenty of oxygen has replaced the gases of decomposition in his blood.

It is unwise to expect success in the treatment of this disease so long as the mother continues to supply her unfortunate offspring with unhealthy pabulum. Correct any constipation of the bowels, malarial poisoning, or derangement of secretions that may exist in her case before dosing the little sufferer with medicines *ad libitum*. Prof. Louis Bauer assures me that he has given immediate and permanent relief to a number of such patients by careful attention to the digestive organs of the mother, improving her nutrition, and thus rendering the infant's food supply pure and healthy.

In the gastric and gastro-enteric varieties, it is also important not to overtax the already inflamed stomach by pouring into it milk or other articles of diet. Give this organ rest; quench the extreme thirst with bits of ice or iced water, in small quantities frequently repeated. If the gastric disturbance is excessive, apply ice or iced water to the epigastrium. If the alvine discharges are copious, a small dose of tincture of opium—carefully watching its effects—will control the peristaltic action of the intestines and secure rest. I am fully aware of the fact that the profession has grown chary of the administration of opium to the young, but no one needs to fear this remedy if used with prudence and circumspection. Read Dr. Jackson's "Letters to a Young Physician" and gather strength. To relieve also the gastric dis-

turbance and congestion, small doses of calomel and bismuth, frequently repeated, should be given. I believe that pepsin would also be a good addendum.

In the absence of vomiting or other evidences of gastric disturbance, and with purging a prominent feature, astringents are indicated; bismuth, lead, chalk mixture, etc., in connection with the pepsin.

When both stomach and bowels are rejecting food, and the vomiting and purging are rapidly exhausting the patient, use counter-irritation, give ice or lime water, or enforce absolute rest from food of any kind. Give stimulants, if they are well borne, to sustain the flagging powers.

General principles should govern us in the management of this stage of exhaustion; the action of a given remedy should be well considered and it should be given only to accomplish a certain result.

The matter of prime importance is to restore healthy nutrition, hence the mother's milk should be preferred to any other form of food. If, however, that of the mother is out of the question, a healthy wet-nurse should be had for the infant. If it be impossible to obtain one, then give cow's milk, pure and fresh, or, what is better, goat's milk.

Avoid farinaceous article of diet, such as arrow-root, cornstarch, etc., which contain no nitrogen, and consequently, afford but little immediately available nourishment, which is so urgently demanded in such a condition.

In a word, the patient must be placed under the most favorable hygienic and sanitary conditions. The "intrinsic tendency to health" should not be forgotten, and our patient's forces sustained by all the means known to science. Too much medicine is injurious, and too little given is mere *trifling*. While a multiplicity of remedies smacks of ignorance and empiricism, therapeutic nihilism is also a reproach to our art. The rational use of remedies marks the enlightened physician, but "shot-

gun prescriptions" and polypharmacy in general are the bane of the profession to-day.

2952 Dickson street, St. Louis.

### *EUCALYPTOL IN MEDICINE AND SURGERY.*

BY WILLIAM W. MOORE, M. D.

Some three months since, my attention was called to the experience of Drs. Bauer, McIntyre and others with *eucalyptol*. I had at that time, a case of white swelling at the knee-joint, with several sinuses constantly discharging large quantities of pus, which was considerably tinged with blood. The discharge was so profuse, and the surface bathed in it so large, that an irritative or surgical fever was produced. The pulse was never below 120 per minute, and was frequently augmented to 160.

I had irrigated the cavities and sinuses several times a day with various antiseptics, such as weak solutions of iodine, salicylic acid and carbolic acid. Each, in its turn, seemed to do some good, but perhaps no more than an irrigation with pure water, constantly used, would have done; for, with the exception of correcting the fætor, and the frequent ablution of the parts washing away the pus and thus controlling the irritation to some extent, there seemed to be no great amount of improvement effected.

I then determined to give eucalyptol a trial. I first used a solution in water, but it did not dissolve well. Therefore, I first made a solution with alcohol, then added water, and found this to answer the purpose better.

But, by this time, the joint had become immoveable, and, the sinuses being below, I was obliged to discontinue the irrigations as they were now impracticable. However, I saturated cloths with the solution of eucalyptol, and kept them constantly applied, and soon had the satisfaction of

seeing the discharge diminish in quantity, and the intense fœtor corrected.

At this writing, the father of the patient states that the discharge is now not one-tenth as great as it was, and, contrary to the expectations of consulting physicians, we now confidently expect the boy to recover so as to admit amputation of the limb; it being in such a malposition that it can never be of any use to him.

I have also used eucalyptol in my own case. For many years, I have suffered from a pulmonary affection, and such a tolerance has been established that large quantities of muco-purulent material collect in the bronchi during the night, which become dry by morning by the constant withdrawal of moisture by the respired air. Thus, it requires much time and effort to remove the tough, tenaceous collection each morning. I use the eucalyptol by inhalation from a handkerchief. It seems to permeate the minutest bronchioles, and to soften the morbid secretions, so as to enable me to expectorate without difficulty. My condition has greatly improved under its use.

WARREN, MO.

## Clinical Reports.

### CASE OF IMPERMEABLE STRICTURE OF THE URETHRA.

#### *Treatment—Present Condition.*

BY JOSEPH L. BAUER, M. D.

About three months ago (April, 1881), a man aged 43 years, married, and the father of six children, came under my care with the following history:

Eighteen years since he had an attack of gonorrhœa; three years afterwards, a second attack; a gleet discharge persisted thereafter. Six months after his last acute attack, he noticed a steady diminution of the urinary stream, which grew worse, and was only relieved to a slight extent by

internal medication. A year later, and a year subsequent to marriage, this trouble rapidly increased for a time, and then remained stationary until five years ago. One year after his marriage, he consulted a physician who examined his urine and diagnosticated his case as one of cystitis—or, as the patient states it, “the mucous lining of the bladder was falling away.” The stricture was not recognized. Internal remedies were prescribed. On two occasions, complete retention of urine occurred; each time relieved by the catheter. About a year ago, he suffered from repeated chills, followed by fever (urethral), urinary infiltration, abscess and fistulæ leading through the scrotum and perineum.

On inspection, I found the openings of five fistulous tracts. The entire scrotum and perineum were sensitive to the touch, and the patient was unable to walk without pain. The right side of the scrotum appeared normal, the testicle was situated high up. The left side was swollen, œdematous and numerous sinuses were perceptible. The left testicle was also drawn high up; the penis was shrivelled, and discharged some pus from the meatus. It is unnecessary to state that his constitution was seriously compromised. He passed no urine through the urethra, except a slight dribbling; the remainder found exit through three of the fistulæ.

On introducing the finest catheter, I could enter only about one inch before meeting with obstruction; further progress was impossible. After similar attempts with sounds, I ceased further attempts in this direction.

Filiform whale-bone bougies were then put in requisition, but the pain being intolerable, I was compelled to use an anæsthetic. With the kind assistance of Dr. W. B. Hazard, who administered chloroform twice for me, I was enabled to make some progress. Finally, I succeeded in entering the bladder.

It had been my intention to use the

tunneling sound, but, six hours after successfully introducing the bougie into the bladder, I was summoned in haste to see my patient, when I found him in a chill, which denoted the onset of urethral fever. An abscess and another fistulous tract resulted.

Two weeks later, when the patient had improved, I could not enter the bladder, but could insert the filiform bougie about two inches. I was not satisfied with my progress with this instrument, and, therefore, made use of another. I introduced a uterine probe (Sims') with a bulbous point. It took two days of patient, persistent effort to enter the bladder. The instrument was permitted to remain *in situ* about two hours when it was withdrawn and a No. 1 English gum-elastic catheter, with stilet, substituted for it. This was kept in the urethra for twenty-four hours. No. 2 catheter was then substituted, and this plan was followed out until now a No. 13 can be passed with ease.

At no time during this treatment was the catheter allowed to remain out. It caused no irritation of the bladder or urethra, and my purpose to prevent the urine from coming in contact with the internal openings of the fistulous tracts was thus effectually carried out. Present appearances indicate that these tracts are rapidly closing.

To-day (July 25, 1881), the patient was permitted to pass his urine by the urethra for the first time, and none of it escaped through any of the fistulae and nothing indicates that they are still patent.

My patient has improved in strength, appetite and appearance, and can now walk without any pain.

**REMARKS.**—It was certainly very unfortunate that the patient did not receive appropriate treatment at the proper time, but still more so that this treatment was persisted in long after the urinary abscesses had manifested themselves. These serious complications could have been prevented if

he had been placed in the hands of a competent surgeon at an early date.

The second error was committed when the filiform bougie was not more carefully manipulated. In this relation I have myself to blame and can offer no excuses.

Respecting the treatment, the question now remains, What greater benefits might result were I to perform either external urethrotomy or divulsion? This is what may be termed a typical case for either procedure, yet were I to cease further dilation of the canal, a daily and judicious introduction of the catheter will prevent contraction and give my patient a urethra sufficiently large for practical purposes. Besides neither operation is free from danger, therefore, I can see no reason for adding any further risks.

That "patience is a virtue" is well illustrated in these cases. The "radical methods," occupying very little time, while the old and more conservative procedure requires the greatest patience and persistence.

At the present time, my patient is rapidly improving, and I have the most reasonable hope of greatly ameliorating a morbid condition which is seldom, if ever, radically cured.

St. Louis, 3058 Glasgow Place.

## Translations.

[Translated for the CLINICAL RECORD.]

**INGUINAL HERNIA OF THE OVARY; EX-TIRPATION; CURE** (*La Presse Médicale Belge*, from *Lo Sperimentale*, Dec., 1880 and Jan. 1881).—Regina Castellucci, of Florence, aged 48 years; presented herself at Professor Rosati's surgical clinic, October 25, 1880. This woman, whose general health seemed much affected, had a deep yellow complexion; her features expressed suffering; eyes brilliant and mucous membranes of an extremely pale pink color. She was a prey to frequent eructations and a fatiguing dry cough; at the base of the thorax

she complained of a sensation of pressure and drawing. Auscultation revealed bilateral sibilant râles. The heart of ordinary size; beat feebly but frequently. Respiration superficial; pulse small, and the temperature  $37.5^{\circ}\text{C}$ . ( $-99.5^{\circ}\text{F}$ .) On inspecting the abdomen, a tumor was found in the left inguinal region, of the volume of a large potato, cylindrical, with its long diameter parallel to the axis of the inguinal canal and extending from the left *labium majus* to the abdominal ring. The skin at this place was reddened, due doubtless, to the maneuvers of taxis. It was besides very movable upon the tumor, which was quite hard, tense, elastic and slightly bosselated. The largest nodule was slightly fluctuating.

The mass was the seat of spontaneous pains. Pressure increased them and made them extend as far as the umbilicus and epigastrium. These irradiations also occur spontaneously. The taxis, gently applied, reduced the tumor, but the maneuver was scarcely over before the entire mass reappeared. Reduction and re-appearance occurred without any sound. An attempt was made to seize the tumor and to pull it further down, to withdraw it from the abdominal wall; but this had to be abandoned so much were the painful irradiations towards the umbilicus and epigastrium increased.

The belly had the ordinary form and its volume was a little above the normal state. It was tympanitic. The passage of fecal matters was unobstructed. Vaginal touch showed merely a deviation of the uterine neck, which was gaping and fissured.

From the history of the case, it was learned that when twelve years of age she had typhoid fever; menstruated, painfully, at fifteen years, when she lived out at service. When she was seventeen, one day she found by palpation that she had in the left inguinal region, a small, indolent, smooth tumor which rolled under the hand, and which slowly grew to the size of a nut.

She complained of it to her mother, who

reassured her by saying that she had known of this peculiarity from the time of her birth. Not satisfied with this she consulted a physician who, after looking into the matter, believed it a hernia and prescribed a retaining bandage. She applied it, but cannot say if the tumor was ever completely reduced, but says that each night on retiring when the bandage was removed the tumor instantly reappeared. It always preserved about the same apparent volume, and the patient never ascertained that it became larger or more painful during the menstrual period.

Regina Castellucci was pregnant three times. The first and third were absolutely normal. The second ended by an abortion at three months. A curious circumstance was that during the two first mentioned gestations, after the seventh month, the inguinal tumor returned into the abdomen and remained there until delivery, during this time she left off her truss.

About the first days of October, 1880, Regina observed the tumor to increase in size; at first this did not trouble her. But on the 9th of that month, at the time the menses appeared, she was taken with a violent chill, headache and cough. Without consulting any one, she took saline and drastic purgatives which acted perfectly: nevertheless, the pains extended over the entire abdomen and the cough redoubled in violence; at the same time, the tumor quadrupled in size, and spontaneous pains occurred. A physician was consulted who vainly practiced the taxis and succeeded only in aggravating the pains. Finally, the vomiting, which came to be superadded to the other symptoms, decided Regina to come and ask the cares of professor Rosati, on the evening of the 25th of October.

Being thus informed, the surgeon diagnosed: Irreducible, congenital, inguinal epiplocele, slightly inflamed and complicated with gastro-intestinal catarrh, in a hysterical subject. As treatment he prescribed repose in the horizontal position,

diet, morphine internally and application of *ice loco dolenti*. For several days the local and general phenomena remained about the same. On the 29th the vomiting became still more marked and fecal matters were completely retained. The pulse became small and the asthenic tendencies of the patient decided the surgeon to have recourse to the operation for strangulated hernia.

Chloroform was administered and an incision through the skin was made parallel to the greater axis of the tumor. After several aponurotic bands had been broken down, the surgeon reached a fluctuation elevation which he took for the hernial sac. This was incised with an infinity of precautions and a viscid liquid immediately escaped with violence. The finger introduced into this little pocket discovered other embossments which were also fluctuating. Incised successively they were found to have no inter-communication. Finally, the tumor was prolonged by a pedicle, which the finger followed as far as the internal abdominal ring, but there it was arrested and could not enter the cavity of the peritoneum. The operator prolonged his incision through the skin, to further enlighten the pathological and operative field. This done, he enucleated the pedicle of the tumor and found the latter riddled with small cysts. Now, not doubting that he had to deal with the left ovary, he did not hesitate to sever the pedicle, between two catgut ligatures. He inserted a drainage tube and closed the wound. Complete recovery was not slow in taking place. The tumor was sent to the Laboratory of Pathological Anatomy, where it was found to present the microscopic appearances of ovarian structure.

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**AMPUTATION AT THE HIP-JOINT; NEW MEASURES TO CONTROL HEMORRHAGE.**—(*Archiv für Klinische Chirurgie*, Bd. 26, Heft 4, Berlin).—In his paper, read before the Tenth Surgical Congress, at Berlin,

April 9, 1881, Prof. Trendelenburg, of Rostock, referred to the danger of hemorrhage in amputations at the hip-joint, and the difficulty of controlling it. He ascribes the unfavorable results of this operation to the copious loss of blood more than to any other cause.

Esmarch's method cannot be relied upon in this operation. However high the constriction of the member is carried, it is still too low to permit the formation of flaps. Besides, it has a tendency to slip downwards. Compression of the abdominal aorta and the iliac artery is ineffective and not to be trusted in corpulent and unruly patients.

With the view of meeting this difficulty, Prof. Volkmann has introduced a new procedure which improves the chances of recovery. He constricts the limb as high up as possible by Esmarch's bandage, amputates, ligates all vessels, and then proceeds, by an external incision of the entire stump, to remove the remaining portion of the femur from the acetabulum and its muscular connections. Irrespective of the slipping downwards of Esmarch's constrictor, in high thigh amputations, this method leaves a very extensive wound, and eventually a very bulky stump; and these are material objections.

In order to obtain the greatest protection against loss of blood and avoid the objections to Volkmann's operation, Prof. Trendelenburg has adopted the following plan: Following Lisfranc's method, he transfixes the thigh in front of the joint with an arrow-like instrument. This is 38 centimeters long, 6 millimeters wide and 2 millimeters in diameter, with its transverse surface oval in shape. The lance-shaped extremity is removable. The "arrow" enters the thigh at the hip-joint, and emerges at the fold of the scrotum, where the point is removed. An elastic band (or tube), held by the "arrow" is then applied in the form of the figure eight (8) in front of the thigh. This compresses the femoral vessels. The

anterior flap is then made, the vessels secured, and the elastic tube and the "arrow" removed. The latter is then inserted behind the joint, the band again applied, and the posterior flap formed in a similar way, after which the femur is disarticulated.

The author has not only tested this method in several cases with signal success, but he has also experimented on cadavers, a continuous stream of colored liquid being injected into the abdominal aorta, and there was no loss of liquid.

L. B.

INHALATION OF AMMONIA IN DISEASES OF THE CHEST. (*La Presse Médicale Belge*, June 5, 1881.)—Dr. Jacobs, of Brussels, has made a thorough trial of inhalations of ammonia in a number of cases of thoracic disease. His conclusions are as follows:

Inhalations of ammoniacal gas, from whatever source, have no effect upon pulmonary tuberculosis; some of the symptoms, such as the cough and expectoration, are increased under their influence.

In bronchitis with purulent sputa, in foetid and gangrenous bronchitis, and in whooping-cough, this respiratory medication is not efficacious.

In chronic bronchitis, the effect is sometimes *nil*, at other times the fluid and clear portion of the expectoration is lessened, but the cough is often increased in frequency and the sputa are not at all modified. In bronchitis with opaque sputa, expectoration becomes more easy. This is not a curative remedy.

Patients often lose appetite, and experience depression, which disappears when the inhalations are stopped.

In whooping-cough, ammonia is without effect upon the paroxysms; it produces coryza and a sense of constriction of the throat.

The surrounding persons, even in a hospital ward, do not always endure the odor of this gas with impunity.

## Correspondence.

DR. F. HERFF, OF SAN ANTONIO, TEXAS.

*His Recent Successful Removal of Enormous Vesical Calculi.*

Editor CLINICAL RECORD:

We have known this enterprising surgeon of the far Southwest for years, through his literary productions and surgical achievements, but the pleasure of his personal acquaintance was denied us until his recent visit to our city. We had known for a long time that Dr. Herff had been a citizen of Texas for more than thirty years, and that he had taken an active part in the development of the Lone Star State from a very primitive condition to a comparatively advanced stage of civil and social elevation.

Although a sexagenarian, his individuality is well preserved; to a stalwart physique, he adds keen, observant senses and a calm presence of mind which the consciousness of strength and self-reliance only can give.

Our meeting was of a most genial and cordial nature, and on our part, at least, most enjoyable. We learned that his patient with gastric fistula\* was doing remarkably well; that he (Dr. Herff) prefers and has frequently performed the median section for removal of urinary calculi with marked success. In some of his cases the perineal wounds have *healed by first intention*, without any untoward consequences, and that in no instance had there been any disturbance of the sexual functions after recovery.

In his *last operation*, he was compelled to modify his usual procedure very materially on account of the enormous size of the stones. As he made this statement, he opened a box and laid before us three urinary concretions, of different shapes and size, all from the same patient. When

\* See CLINICAL RECORD, August, 1880, from N. O. Med. and Surg. Journal, July, 1880.

removed and still impregnated with urine, the largest calculus weighed seven ounces; it is of the shape and size of a goose-egg, only slightly flattened. The second in size is cup-shaped, and weighs four ounces. The third and smallest is of the form of a thick shell, convex on one side, with two concave facets on the other, and weighs one ounce and six drachms, Troy.

The patient had suffered for more than twenty years from urinary trouble, without knowing the cause. He was the sire of a family; sixty years of age, and a laborer by occupation. He had formerly lived in Tennessee, and had only recently removed to the vicinity of San Antonio.

Besides his urinary difficulties he was greatly reduced in flesh and vigor by chronic diarrhoea. The diagnosis of vesical calculus was readily made by means of the sound and bi-manual examination; the stone protruded into the rectum and could be lifted up from that region so as to be felt above the pubic symphysis.

The prognosis was rendered dubious, both by the size of the calculi and the reduced state of the patient's constitution.

Dr. Herff at first intended to perform the supra-pubic section, which would admit of the extraction of a large calculus through a comparatively small wound in the bladder, by reason of the elasticity of the cystic wall. But as no guide could be introduced high enough to be felt above the pubis, this plan was abandoned and the median section selected in its stead.

This likewise proved abortive, as it was found impossible to extract the calculi through the wound in the prostate or to seize them with crushing instruments and thus reduce them to fragments of a manageable size.

Nothing was left but to enlarge the median incision backwards, divide the sphincter ani externus, and split the middle lobe of the prostate. Dr. Herff performed this part of the operation by first introducing a finger into the bladder; protected by

the finger, he inserted a bistouri to the same depth and then cut downwards and outwards until all the intervening structures were divided.

He was ably assisted in the operation by Drs. Cupples, King, Manger, Whiteley and his two sons who are both graduates in medicine.

The extraction of the stones was then effected with perfect ease.

It will be seen that this operation stands about midway between Vacca Berlinghieri and Sanson's plans, being in this case a mere exigency not contemplated before. Nevertheless, the operation passed off quite well; the patient losing but a trifling amount of blood.

The after-treatment gave as little trouble. During the ensuing week, the urine escaped through the wound. Of course, the patient felt relieved from all cystic symptoms; he had no fever; his tongue cleaned; appetite and rest were excellent.

At the end of this period, he began to pass his urine partially by the urethra, and nothing seemed to stand in the way of perfect recovery but the diarrhoea and the increasing debility of the patient's system. Whilst the wound was almost closed, and the urine was, in its greater portion discharged *per viam naturalem*, whilst he was absolutely free from fever and other local lesions except the erosion of his intestines, he succumbed to sheer exhaustion six weeks after the operation.

Our ingenious friend, F. L. James, has made a fine microscopic preparation from a section of one of the stones, from which it appears it mainly consists of triple phosphates of ammonia and magnesia, interspersed with crystals of carbonate of lime and urates; hence, the formations were comparatively light, and this explains their enormous dimensions.

Dr. Herff has very generously presented the specimens to the museum of the St. Louis College of Physicians and Surgeons, where they may be inspected.

LOUIS BAUER.

## Proceedings of Societies.

### AMERICAN MEDICAL ASSOCIATION.

[Concluded from July number.]

**THIRD DAY, Thursday, May 5, 1881.**—The Association met pursuant to adjournment, the President in the chair.

A resolution to so amend the by-laws as to establish an additional Section, to be known as the Section of Dentistry, was offered by Dr. Gross. This amendment lies over one year under the rules.

The address of Dr. Hunter McGuire, Chairman of Section on Anatomy and Surgery, was on "Operative Interference in Gunshot Wounds of the Peritoneum." The speaker very strongly advocated operative procedures, and made a masterly argument in support of this theorem. The following suggestions closed his instructive and suggestive address:

"In view of these facts, the writer ventures to advocate operative interference in gunshot penetrating wounds of the peritoneum, with intestinal injury, in penetrating wounds of the peritoneum with any visceral lesion, and similar cases without visceral injury. The wounds in the abdominal walls should be enlarged, or the linea alba opened freely enough to allow a thorough inspection of the injured parts. Hemorrhage should be arrested. If intestinal wounds exist, they should be closed with animal ligatures, trimming their edges first if they are lacerated and ragged. Blood and all other extraneous matters should be carefully removed, and then provision made for drainage. If the wound of entrance is dependent, drainage may be secured by keeping this open. If the wound is a perforating one, and the aperture of exit dependent, the patency of this should be maintained, and, if necessary, a drainage tube of glass or other material introduced. If there is no wound of exit, and the wound of entrance is not dependent, then a dependent counter-opening should be made and kept open with a drainage tube. If it is urged that the means suggested are desperate, it can be said in reply that the evil is desperate enough to justify the means."

At the close of the reading, Dr. McGuire was loudly applauded, and his paper appropriately referred.

The next business in order was the report of the Committee on Clinical Observation and Records.

Dr. J. T. Reeve, of Wisconsin, Chairman of the Section on State Medicine, who was to have read a paper, being absent, his time was occupied by Dr. J. S. Billings, U. S. A., who read a paper on "Some of the Results of the Tenth Census, as Regards Mortality Statistics."

This paper was prepared to be read before the Section on State Medicine, but was of such great interest that Dr. Billings was requested to read it at the general session.

This paper included an imperfect summary of the statistics relative to mortality and of illness collected by the Census Bureau. It gave promise that the completed returns would be of great practical value.

The "Report on Clinical and Meteorological Records," by Dr. N. S. Davis, was able and exhaustive; it closed with the following recommendations:

1st. That a committee of five be appointed by the President of this Association, to be called the "Standing Committee on Atmospheric Conditions, and their Relations to the Prevalence of Disease."

2d. That said committee be authorized to select such representative places as will best indicate the atmospheric conditions in the more important climatic sanitary districts of the United States (to be not less than six nor more than twelve in number,) and establish therein means for continuous observation and record of appreciable conditions of the atmosphere, according to the most approved methods, and of the origin and prevalence of all acute diseases.

The third resolution recommends, in determining the organic and other oxidizing elements of the atmosphere, the use of the thallium paper, as prepared by Schone; and for determining the presence and relative quantity of ammonia and other organic products, the use of the pumice-stone method recommended by Prof. Remsen, in his recent report to the National Board of Health.

4th. The committee require a full statement of the results of the work done at each station, on the 1st of January and July of each year.

5th. Appropriate \$500 to carry out the purposes of these recommendations; a full statement of the amount received and expended to be reported at the next annual meeting.

The report concludes as follows:

In submitting the foregoing report, your committee are not unmindful of the magnitude of the work proposed, and of the difficulties that will be encountered in its prosecution. But if it is undertaken and prosecuted with persevering industry, much aid may be obtained from the co-operation of local medical societies and boards of health, and results of great value will be obtained, that, from the nature of the problem involved, cannot be obtained without such combined action of many working on parallel lines, under a uniform supervision. And should the foregoing recommendations meet your approval, it will inaugurate a change in medical society work, by substituting, in part at least, carefully devised plans for continuous investigation for adding to the stock of medical knowledge and establishing more complete methods, instead of depending wholly on individual and fragmentary contributions; and will thereby greatly enhance the value of social organizations in the profession.

The report is signed by Doctors N. S. Davis, J. M. Toner, and Henry O. Marcy. Doctors S. M. Bemiss and W. H. Geddings, the other members of the committee, were absent and did not sign the report.

The report was adopted and referred to the Committee on Publication.

The recommendations of the Committee were adopted.

The Committee on Nominations reported the following as the result of their labors:

*For President:* Dr. J. J. Woodward, U. S. Army. *For Vice-Presidents:* Drs. P. O. Hooper, Arkansas; Leartus Connor, Michigan; Eugene Grissom, North Carolina; and Hunter McGuire, Virginia. *For Secretary:* Dr. Wm. B. Atkinson, Pennsylvania. *For Treasurer:* Dr. R. J. Dungleison, Pennsylvania. *For Librarian:* Dr. Wm. Lee, District of Columbia.

St. Paul, Minnesota, was selected as the

place for the next Annual Meeting; and Dr. Stone was appointed Chairman of the Local Committee of Arrangements.

On motion of Dr. Billings, U. S. Army, this report was adopted unanimously.

Recommendations from the Judicial Council were appropriately referred, when the consideration of the proposed amendment to the Code of Ethics was continued from the day before.

Dr. N. S. Davis took the floor in reply to Dr. Dunster's argument, which was thought by a majority present to be very effectually disposed of. Dr. Dunster and Dr. Martin continued the debate. Dr. Marcy moved to lay the amendment on the table indefinitely, which motion was lost by the following: Ayes, 106; Noes, 108. Further consideration of the matter was then postponed to the following day.

The following amendment to the by-laws, offered by Dr. J. M. Keller, of Arkansas was then adopted:

"In the election of officers and appointment of committees by this Association, and its President, they shall be confined to members and delegates present at the meeting, except in the Committee of Arrangements, Climatology and Credentials."

The Association then adjourned to next morning.

## SECTIONS.

**SURGERY AND ANATOMY.**—A discussion on Dr. B. A. Watson's paper, in which Drs. H. F. Campbell, of Georgia; Nancrede, of Philadelphia; Post, of New York; and Quinby, of Jersey City; participated.

Dr. Chas. A. Leale, of New York, read a paper on "Labial Carbuncle, or Malignant Pustule of the Lip." His method of treatment is to examine thoroughly the extent of the subcutaneous induration by the tactus eruditus, bearing in mind the location of the arteria septi nasi, as it passes down near the border of the lip to join the superior coronary artery avoiding each, make a free incision outwards and downwards along the course of the fibres

of the obicularis oris muscle extending the the cut each way in a line until all the diseased tissue has been passed, taking care not to go through the mucous membrane lining the lip, to which extent the disease rarely extends. He then, with a fine piece of ivory or wood, with its ends covered with cotton, thoroughly applies, to all the diseased parts and cut surface, the chemically pure nitric acid; this is pressed with sufficient force into all the diseased parts, so that every little pocket of pus is reached, and the intervening membranes destroyed which would otherwise be left to slough off and continue the septic or purulent infection.

There is always great depression, and, for the relief of the pain and fever, he gives morphia, *pro re nata*, and, to overcome the blood poisoning, whiskey largely diluted with water is given freely. Sometimes he had had to apply the acid again on the second or third day, or until all the poison had been rendered inert. His subsequent treatment is by the open wound treatment, applying an ointment of the balsam of Peru, lightly smeared on lint, and gives the most nutritious diet and restorative tonics. Early in the disease, a full dose of magnesium sulphate, largely diluted with water, is given. As a rule, after the third or fourth day after the incision and first application of the acid, all danger will have subsided and convalescence will steadily progress. Sometimes cerebral meningitis or erysipelas sets in, which have to be appropriately treated.

Dr. A. C. Post thought that when patients with malignant pustule of the lip are seen early, a large proportion can be saved. He usually operated by cutting through the vermilion border of the lip.

It was then resolved that the President of the Surgical Section appoint a committee of three, to select six subjects for presentation and discussion at the meeting of 1882, assigning each subject to a gentleman who shall, by the reading of a paper or

otherwise, introduce his subject for discussion.

The Section then adjourned *sine die*.

OBSTETRICS AND DISEASES OF WOMEN.—

The Chair announced the following:

*Committee for Selection of Subject of Essay*—Drs. E. S. Dunster, of Michigan; G. M. B. Maughs, of Missouri, and H. M. Field, of Boston.

*Committee of Award*—Drs. Robert Battey, of Georgia; Albert H. Smith, of Philadelphia, and Paul F. Mundé, of New York.

*Committee to which Papers for Publication are Referred*—Drs. J. T. Johnson, of Washington; John Byrne, of Brooklyn, and H. P. C. Wilson, of Baltimore.

Dr. Joseph Taber Johnson, of Washington, read a paper entitled, "Can we Make a Positive Diagnosis of Pregnancy Previous to the Occurrence of Audible Sounds of the Fœtal Heart and the Detection of the Fœtal Movements?"

As Dr. R. Beverly Cole, of California, remarked, in the debate which followed the reading of the paper, it was rather an interrogation than an answer, as no definite conclusion was reached. Dr. Mundé, of New York, thought the bi-manual method of examination, taken in connection with the other signs usually associated, would enable one to make out a case better than any other methods he knew of. The participants in the debate generally agreed to this.

Dr. James M. Scott, of St. Louis, wanted to know if it was not a very difficult thing to use the bi-manual method on a fleshy patient, which was answered in the affirmative.\*

Dr. Robt. Battey, of Georgia, arose and stated that he was surprised that no gentleman had mentioned any of the following aphorisms, in doubtful cases:

1st. Always consider a married woman

\* This seems to have been the only time our townsman endeavored to distinguish himself, and we have cited his remarks in full.

pregnant if living with her husband until *proved* otherwise.

2d. Always consider an unmarried woman innocent till *proved* guilty.

3d. Always believe that a woman married, of the highest character, living with a husband of equally high character, both solemnly assuring the medical man that no intercourse has taken place for two years, as she has been bedridden for that length of time, may bring forth a dead foetus.

4th. Always believe a young unmarried woman with abdominal tumor of high social position and unimpeachable virtue, if she has been watched over by a platonic and abstemious young cousin of the male persuasion, while the mother went out, to be pregnant.

Dr. Battey sat down amidst great applause and laughter.

Dr. Paul F. Mundé, New York City, exhibited a curette for the removal of adherent placenta after abortion, designed by himself. Dr. Mundé also exhibited a speculum with a flange for holding up the buttock, which he had had made; also two smaller curettes. He said he thought it best to remove the placenta reasonably soon if it did not come away in cases of abortion.

Here followed a long discussion on this point, which was participated in by Drs. Maughs, Dunlap, Marcey, Smith, Johnson, Erich, Chadwick and G. McDonald, who said he was a "country doctor," and always removed them at once by means of instruments if he could not do so with the finger, as he could not see his patients often or quickly enough in dangerous cases. The other gentlemen agreed pretty nearly with Dr. Mundé.

Dr. Mundé closed.

Adjourned *sine die*.

PRACTICE OF MEDICINE, ETC.—Dr. Whitaker, of Cincinnati, read a paper on the "Treatment of Diphtheria," in which he claimed that it was first a local and afterwards a general disease. He maintained that the poison passes into the blood little by little, until the entire organism is super-saturated with it. The treatment, there-

fore, resolves itself into treatment of the poison at the local depot and relative neutralization of virus in the blood. The efficacy of the antiseptics: quinia, salicylic acid, and the benzoates, was then discussed, and the experiments of Buckholtz and Graham Brown with the latter, by which it was shown that saturation of the blood with the benzoates renders inoculation impossible. He next maintained that although we cannot kill the germs of the disease in the throat, we can so condense its mucous membrane as to make it a dam to the influx of the disease. For this purpose, he recommended the persulphate of iron, full strength, applied well up behind the velum palati. He thought the frequent failures with this agent to be due to the dilution of the solution. He had never had a fatal case since his use of this treatment, nor seen any accidents arising from it.

Dr. Oetertony, of Louisville, read a paper on "Dysentery and its Treatment." He did not believe in the contagiousness of dysentery, nor that bacteria were always present in the evacuations; neither did he think it due to malaria or scarbutus, although it might be complicated with either. Thought it might occur at any season. Sees no difference between catarrhal and epidemic dysentery. Its tendency, when properly treated, was towards recovery. The first indication of treatment was to get the bowel into proper condition to receive medication; second, diet; third, rest; fourth, demulcents; fifth, control of morbid processes.

He thought ipecac unnecessary in the majority of cases met with in common practice; ergot, coto bark, injections, suppositories, etc., all received due mention.

Referred, without discussion, to Publication Committee.

A paper on the "Production of Albuminuria by the Use of Iodide of Potassium in Syphilis." by Dr. I. E. Atkinson, of Baltimore, provoked a very interesting discussion.

Dr. Whittaker, of Cincinnati, thought only a transient albuminuria would be produced by the iodide; it would certainly be more in accordance with our present knowledge to attribute it rather to renal cirrhosis than to the remedy.

Dr. Lynch, of Baltimore, was surprised to hear this drug accused of producing albuminuria; he always gave it in half-drachm doses in Bright's disease, and always with happy effect.

Dr. Atkinson explained that he did not bring a general charge against the iodide as producing albuminuria; he regarded it as one of our most valuable remedies; when it did produce this symptom it was because of personal idiosyncrasy on the part of the patient, and must be reckoned as one of the disadvantages of the drug.

The paper was referred to the Committee on Examination.

Dr. Henry A. Martin, of Boston, read a paper on the "Variola Vaccinæ and Variola Equinæ of Massachusetts." A series of cases of spontaneous cow-pox were reported (the first authentic cases in this country, he believed), and also a case of horse-pox—the seventh authentic case since the days of Jenner. In conclusion he moved that this Section recommend to the Association that a committee be appointed to visit the farms where these cases occurred, and investigate the whole subject of bovine virus, as it was the subject of many and great abuses. Carried.

Dr. H. Augustus Wilson, of Philadelphia, then read a paper entitled "Soluble Compressed Pellets, a New Form of Remedies for Hypodermic Use, and Applicable to Ophthalmic and General Medication." Dr. Wilson spoke of the objections to the use of solutions, patented gelatine discs and powders in hypodermic and ophthalmic use, and stated the advantages of the soluble compressed pellets. The sodium sulphate was used, he said, because it gave increased bulk, and acted as a disintegrator, for, on coming in contact with water, it

quickly dissolved and left the morphia or other substance used in a fine state of subdivision, ready to be dissolved. They were readily applicable to ophthalmic and general administration, and he had not seen any bad results from their use.

Dr. Wilson claimed that the advantages of his method over any other known were:

- 1st. The convenient size of the pellets.
- 2d. Their immunity from change.
- 3d. Their accuracy of contents and dose.
- 4th. Their certainty and rapidity of action.
- 5th. That they may be used by the mouth.
- 6th. Their adaptability to ophthalmic medication.

The use of the pellets for more than a year for hypodermic, ophthalmic and general medication had convinced the speaker that their judicious use would tend to banish the changeable solutions and the equally inconvenient powders.

"The Materia Medica of the Future," was the title of a paper by Dr. F. E. Stewart, of New York. He maintained that the physician should know the methods of manufacture of drugs. The profession is under many obligations to pharmacy for elegant preparations of drugs. It is the physician's prerogative to treat the sick, and to dictate how his medicines should be prepared. The code of ethics of the profession prohibits the prescription of secret formulæ, or the holding of a patent on an instrument. But trade has so affected pharmacy by patents, copy-rights, trade-marks, secret formulæ, etc., that a physician is obliged to stultify himself to gain the advantages of many of the improved forms of medicine. Either the code should be altered, or the methods of trade should be changed to meet the requirements of the code. If the patent system be admitted by the profession, the protection by law should be limited, and under the same restriction as applies to other trades, and the exact working formulæ made known; or else no druggist should be allowed to prescribe for the sick, and that no physician should pre-

scribe patent medicine whose nature was unknown.

The following resolution, offered by Dr. Dunster, was adopted :

"*Resolved*, That the spirit of the code of ethics forbids a physician from prescribing a remedy controlled by a patent, copyright or trade-mark. This, however, shall except a patent upon a process of manufacture or machinery, provided patent be not used to prevent legitimate competition; and shall also except use of a trade-mark used to designate a brand of manufacture: provided, that the article so marked be accompanied by working formulæ, duly sworn to, and also by a technical, scientific name under which any one can compete in manufacture of same."

Dr. Upshur, of Richmond, Va., read the report of a case of paralysis of motion of both upper extremities in which the prominent symptoms were complete paralysis of motion of both upper extremities *except in the hands*, intense pain in the shoulders on any attempt to lie down, and inability to sleep. The attack was ushered in by convulsions, epileptic in character.

Referred to Committee.

The Section then adjourned *sine die*.

**DISEASES OF CHILDREN.**—Dr. Blake, of Boston, read a paper entitled, "Middle-Ear Disease in Children in the Course of the Acute Exanthemata." This paper seems to have contained nothing strikingly novel. In the discussion which followed the reading, Dr. Jacobi remarked that a valuable method of relieving severe earache in infants and children is to close the patient's mouth and blow into the nose; in a number of such cases he had obtained most excellent results from this procedure, the cause of the trouble probably being a catarrhal affection of the Eustachian tube.

Dr. Jacobi then proceeded to read his address as Chairman of the Section. This was devoted to the progress made in our knowledge of the acute contagious constitutional diseases (rubeola, scarlatina, variola and typhoid fever), and the acute contagious infections of the mucous membrane

(dysentery and diphtheria). The consideration of rubeola (rötheln or German measles) was quite full and complete. The disease is sufficiently well known for us to dispense with his description.

In connection with his remarks on diphtheria, Dr. Jacobi insisted on his previous warnings regarding the use of large doses of potassium chlorate. The production of fatal nephritis in this way was alluded to with the strongest emphasis.

Referring to the use of the cold bath as an antipyretic in typhoid fever, he reiterated his warning with reference to those cases in which reaction does not immediately take place—in which the skin and extremities remain cool. In these cold water must be applied only by packing or sponging; only the trunk, besides the head, should be subjected to this local treatment.

Repeated attacks of measles in the same patients were reported by a number of members, Dr. Rotch, of Boston, stating that it had been known to occur two and three times in the same person, during the recent epidemic in his city.

Several fatal cases of poisoning by chlorate of potash were reported, after which the Section adjourned *sine die*.

**FOURTH DAY, Friday, May 6, 1881.**—Association called to order by the President. After prayer by Rev. C. H. Read, the following Committee on Clinical Observations and Records was announced: Dr. N. S. Davis, of Chicago; J. M. Toner, of Washington; H. O. Marcy, of Boston; W. H. Geddings, of Aiken, N. C.; S. M. Bemiss, of New Orleans.

The Association then resumed the consideration of the Proposed Amendment to the Code of Ethics.

Dr. Billings then offered the following substitute for the original:

"It is not in accord with the interest of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of

persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine."

The substitute was adopted.

The Committee on Nominations reported the following additional officers, who were elected.

Section on Practice of Medicine.—Chairman, Dr. J. A. Ochterlony, Kentucky; secretary, Dr. Deering J. Roberts, Tennessee.

Section on Surgery and Anatomy.—Chairman, Dr. J. C. Hughes, Iowa; secretary, Dr. William A. Byrd, Illinois.

Section on Obstetrics.—Chairman, Dr. H. O. Marcy, Massachusetts; secretary, Dr. C. V. Mottram, Kansas.

Section on Medical Jurisprudence and State Medicine.—Chairman, A. L. Gihon, Washington, D. C.; secretary, Dr. J. H. Sears, Texas.

Ophthalmology, Otology and Laryngology.—Chairman, Dr. D. B. St. John Roosa, New York; secretary, J. Solis Cohen, Philadelphia, Pa.

Diseases of Children.—Chairman, S. C. Busey, Washington, D. C.; secretary, Dr. William Lee, Baltimore, Md.

Dentistry.—Chairman, Dr. D. H. Goodwillie, New York; secretary, Dr. P. W. Brophy, Illinois.

Judicial Council: Dr. S. N. Benham, Pennsylvania; J. M. Toner, Washington, D. C.; D. A. Linthicum, Arkansas; William Brodie, Michigan; H. S. Holton, Vermont; A. B. Sloan, Missouri; R. Beverley Cole, California.

Dr. D. S. Reynolds, of Kentucky, delivered the address of the chairman of the Section on Ophthalmology, etc., which was appropriately referred. The reports of the committees on Necrology and secretaries of Sections were not submitted.

Dr. William M. Beech, of Ohio, chairman, submitted the report of the committee appointed on social position of members of the medical staff of the army and navy, in which he asked that the committee be continued. In doing so, he argued that the principle of promotion which prevails among army officers should prevail the same that it does in the other departments of the Government.

He spoke earnestly upon the subject and

was frequently applauded. He complained that while officers of the army and navy who had been in the service for years, did not have the same recognition from the Government. He showed that this principle extended to the judiciary as well.

Dr. Brown, United States Navy, suggested that the report was wrong in its title, complaining of the lack of social recognition of medical officers of the army and the navy. He thought the matter of official recognition would right itself.

Dr. Billings, United States Army, concurred in what Dr. Brown said, and thought the subject had better drop.

Dr. Beech, was willing to strike out the language relating to social recognition, but he thought some legislation should be enacted by Congress to secure equal preferment with other officers of the army and navy.

On motion of Dr. Davis, the matter was laid on the table.

The usual vote of thanks was then passed in which resolution everybody in general was complimented, and the hospitable ladies of Richmond were especially praised, and the Association congratulated upon the very successful meeting.

The venerable Nestor of the Association, Dr. N. S. Davis, of Chicago, made some complimentary remarks, and the retiring president, Dr. J. T. Hodgen, of St. Louis, returned his thanks to the Association, to the citizens of Richmond, and the State of Virginia, in eloquent and fitting terms.

The Association then was declared adjourned *sine die*.

#### ASSOCIATION OF MEDICAL EDITORS.

This Association met at Exchange Hall, Richmond, Va., on Monday evening, May 2, at 8:30 o'clock. In the absence of Dr. Shrady, editor of *The Medical Record*, president, Dr. Ochterlony, of the Louisville *Medical*

*Herald*, was called to the chair; Dr. D. S. Reynolds, of the same journal, secretary.

Dr. Shrady's address was read by Dr. Carpenter and ordered to be printed.

Drs. Dunster, Cole and Edwards were appointed as committee on Necrology; reported the deaths of Drs. Frank C. Davis, of the *Chicago Medical Journal and Examiner*, and Dr. Richard O. Cowling, of the *Louisville Medical News*, requesting indulgence for the preparation of memoirs, which was granted.

The Committee on nomination of officers for the ensuing year reported as follows: President, Dr. Landon B. Edwards, of the *Virginia Medical Monthly*; vice-president, Dr. Ralph Walsh, of Washington, editor of *Walsh's Retrospect*; secretary, Dr. D. S. Reynolds, of the *Louisville Medical Herald*.

After an interchange of views, the Association adjourned to meet on the Monday evening preceding the next annual meeting of the American Medical Association, at the place of meeting of that body.

#### ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

[The following editorial remarks from *Gaillard's Medical Journal*, recites so well all that this Association has accomplished and gives such a just report of the proceedings of its last meeting, that we insert them without further comment.—EDITOR CLINICAL RECORD].

"The readers of this journal are well aware of its long entertained doubt as to the reliability and efficiency of this organization. It was originated chiefly through the action of the Jefferson Medical College of Philadelphia, which, though receiving from year to year the honor of its Presidency, has conspicuously refused to sustain it. It was god-fathered by the College of Physicians and Surgeons of New York, which has long since abandoned it. And it was dry-nursed awhile by Bellevue, which has repudiated it.

"Through several years of unsteady and feeble existence, it has tottered along, re-

pudiated by many, ridiculed by more, and distrusted even by its alleged supporters. Its downfall has been predicted by this journal almost as often as its inefficiency has been demonstrated. And now what is the last manifestation of its vitality, reliability and genuineness? It met *once* at Richmond, Va., when the Jefferson Medical College declined any longer the honor of its Presidency!! New officers, Dr. J. M. Bodine, of Ky., President; Dr. Briggs, of Nashville, Vice-President, and Dr. Leartus Connor, Secretary (all excellent gentlemen), were elected; *it then hopelessly adjourned, and never succeeded again in obtaining a quorum; and the last abortive effort at a meeting was adjourned subject to the call of the President!!* When one remembers what this noisy and curious little body promised to do, what its fulminations and resolutions and fuss have been, and reads now of the pitiable result, he can only exclaim, *montes parturiunt et nascitur ridiculus mus!*"

#### Extracts and Abstracts.

THE CEREBELLUM.—Dr. E. C. Spitzka, of New York, contributes a very important paper on "The Functional and Morphological Relations of the Cerebellum," to the *Chicago Medical Review*, July 5, 1881. After alluding to the vague and contradictory evidence in reference to the functions of this organ thus far furnished by physiologists and pathologists, the author states his belief that the elucidation of its functions must rest upon its demonstrated anatomical connections, rather than on its reaction to experimental and pathological injuries. He then proceeds to a careful review of its relations in the lower animals, preliminary to a study of its connections in man. In this part of his paper, our author corrects the prevalent grossly erroneous notion that the cerebellum preponderates in lower animals and becomes reduced in higher ones.

The anatomy of the organ is then minutely described, and its connections with other portions of the nervous system indicated. From these he is able to set forth the important fact "that taking the brain as an entity, all the cerebellar tracts are centripetal, and a direct motor innervation is to be entirely excluded from the functional possibilities of this organ." A careful study of the comparative anatomy of

this organ and its relations leads him to the conclusion that "the cerebellum is a field where the impressions of touch and position are associated with those of time and space. Its main object must therefore be the fusion of these sensations, or their correlation in some way, for the benefit of the cerebral hemispheres. It consequently assumes the position of an informing depôt to the great head center, the cerebrum. Thus, on strictly anatomical grounds, the older view, abandoned by many as uncertain, contradicted by some experimental physiologists and by pathological experience, merits renewed consideration that the cerebellum is not the center for, but the informing depôt of the finer coördinations engaged in maintaining the equilibrium."

Of itself, this organ can do nothing. It "is but a by-track for impressions conveyed by other channels, and only the finest coördinations of movement with regard to time and space are on anatomical grounds to be connected with the cerebellum. It may be very confidently asserted that a fine musical ear, the sense of rhythm and of time, and the ability to perform any fine feats of equilibrium, are not possible without an intact and well-developed cerebellum."

#### NEW METHOD OF DEPILATION IN FAVUS.

—Dr. J. L. Duncan Bulkley (*Archives of Dermatology*, April, 1881), reports a number of cases of favus of the scalp treated by depilation by a new method. This consists in using masses or sticks of a very adhesive material, which can be melted and made to adhere to the hair in large bodies, and which, when cold, are forcibly removed, drawing numbers of hairs at once with them. The material used should melt at a comparatively low temperature, cool quickly, and be perfectly hard at that of the body. It should also have great cohesive properties. After a number of trials, the following formula was found to answer the purpose to a most perfect degree:

"R Cerae flavæ, - - - 3 iii;  
Laccæ in tabulis, - - - 3 iv;  
Resinæ, - - - 3 vi;  
Picis Burgundicæ, - - - 3 x;  
Gummi Dammar, - - - 3 iss.

M.—After the ingredients are thoroughly incorporated, the mass is rolled into sticks of various sizes, from one-quarter to three-quarters of an inch in diameter, and cut off

in lengths of two or three inches. The idea of the different sizes is that the work may be rapidly done with the broader sticks where a large surface is to be gone over; while the thinner ones fit small irregularities, or can be applied to isolated spots. In the employment of these sticks the hair should be cropped short, about one-eighth of an inch long, over the part to be treated. The end of the stick is heated in an alcoholic flame, and pressed quickly upon the hair with a slight rotary or twisting motion, until it rests upon the scalp. It is to be left on until quite cold, and is then removed by bending it over and drawing the hairs in succession even with a slight twisting motion. When the stick is removed from a greatly-diseased patch of favus which has still much hair, the end is as thickly set with the bristling hairs as can be imagined, resembling a very fine brush. The best method of preparing the stick for a second application is to burn the hairs in the flame of the lamp, and wipe the end of the stick firmly on a sheet of paper. This both destroys the parasite in the hairs extracted and leaves a smooth surface ready for subsequent use."

After the hairs have been thoroughly removed, Dr. Bulkley immediately applies a solution of bi-chloride of mercury—four grains to the ounce of water—which should be well rubbed into the scalp by the physician. Danger would attend its indiscriminate use by the patient. A parasiticide to be used at home, to destroy external evidences of the parasite and prevent the spread of the disease, is composed of citrine ointment, diluted about three or four times.

ETHER DEATH.—Dr. John B. Roberts, of Philadelphia, reports his personal observations upon four cases of death from anæsthetics, three when sulphuric ether was employed, in the fourth bromide of ethyl. In the *Philadelphia Medical Times* for June 4, 1881, he makes the following summary of the cases:

"The woman (case I.) whose death I have been discussing, certainly died because of the influence of ether upon the heart; the man (case II.) whose sudden collapse occurred after the ether had been pushed, possibly succumbed to its

cardiac depression also, though the notes are not sufficient for an accurate determination; the young man's death (case III.) was due to oedema of the lungs resulting secondarily from etherization; while the bromide of ethyl case (case IV.) presents a history pointing to cardiac paralysis as the cause of the fatal issue."

As to how death from ether is to be avoided, Dr. Roberts has little to suggest, except a careful selection of cases—examination of heart, lungs and kidneys—and great care in the administration of the anæsthetic. We cite one very excellent paragraph:

"Anæsthesia is partial death, and one step further is death. Hence, the man intrusted with the ether towel at an operation should be the most skillful of all the assistants. In many instances more skill is required in the administration of the anæsthetic than in the performance of the operation. Yet this duty is generally relegated in hospitals to the junior residents, and in private practice often to the nurse or a layman. It would be useless and improper for me to attempt to instruct this body (County Medical Society) in the method of giving anæsthetics, for you all have given them frequently. The only point I desire to enforce upon your attention is, 'Take care. All anæsthesia is dangerous.' Ether anæsthesia is less so than chloroform anæsthesia; and hence I believe, as I have elsewhere written, that chloroform should be rejected as an anæsthetic in practical surgery. If anything safer than ether is found, we must reject ether."

A list of ether deaths which he has found recorded since January, 1872, is appended to the paper, amounting to eighteen, which he considers may fairly be attributed to this agent.

In the interesting discussion which followed the reading of Dr. Roberts' paper, Dr. H. C. Wood said:

"In considering the causes of death after ether, we must not forget that patients sometimes die of heart-failure, collapse, or shock after operations where no ether has been given. Cases of severe burns, or of surgical operations, frequently rally after the operation, but die afterwards with secondary syncope. The danger of shock is

very much reduced where the anæsthetic is used, and in cases of albuminuria the danger from shock without the anæsthetic might be greater than from the ether. Moreover, the amount of albumen in the urine is not an index of the increased risk, for in some cases of contracted kidney the proportion is very small. In the treatment of collapse after ether, he recommended the use of ammonia, digitalis and proper attention to the position and covering of the patient."

Dr. Roberts Bartholow called attention to the advantages gained by giving morphia hypodermically before the administration of the anæsthetic. The heart's action is sustained by morphia and less of the anæsthetic is required.

"He had also been impressed with the statement that the condition of anæsthesia is a condition of danger. All the functions of life are suspended except circulation and respiration, and these are in a more or less damaged condition. Our attention, then, should not be directed to the search after new anæsthetic agents so much as in the direction of making those we have safer. He did not believe that ether is necessarily safer than chloroform. The agent that is used the most frequently would naturally yield a greater number of deaths, and when ether comes into more general use more deaths from it may be anticipated. If anæsthesia is a condition of danger, then the danger is present with ether as well as with chloroform.

In the treatment, he fully agreed with the statement of the inadvisability of giving alcohol in any form, especially hypodermically: as ether is a derivative of alcohol, and has the same effect as a respiratory paralyzer, it would only be adding fuel to the flame. Nor could he agree with the treatment by the injection of ammonia. Where there is danger of death from paralysis of respiration, there are two means of stimulation far superior to medicine: they are artificial respiration and faradism, which are far better in these cases than the so-called cardiac stimulant, atropia. If the cardiac ganglia are beginning to fail from exhaustion, the cardiac stimulant may meet with no response, or may prove injurious, for its first effect is that of stimulation; the second, exhaustion. The heart may be sustained by intravenous injection

and artificial heat. He most decidedly protested against the subcutaneous injection of the tincture of digitalis. The action of digitalis is slow, and requires several hours to affect the heart. In a case reported by Boehm, death occurred five days after the administration of a poisonous dose of digitalis, from paralysis of the heart. Digitalis acts by stimulating the inhibitory apparatus, and not by giving increased power to the cardiac ganglia."

In closing the discussion, Dr. Roberts said that Mr. Dawson, of Leeds, England, was the first, he believed, to attribute the danger of suffocation from the increased secretions of the lungs to the coldness due to the ether in the bronchial tubes. The most recent authoritative statement in regard to anæsthetics was the Scientific Grants Committee of the British Medical Association, who declared chloroform to be the most dangerous, ethidene dichloride next, and ether last. As matters stand at present, he would rather write upon a death-certificate, "Death from ether," than "Death from chloroform."

**LISTER'S LATEST DRESSING.**—As he announced recently to the Clinical Society, Mr. Lister has been making extensive use of eucalyptol in place of carbolic acid. Eucalyptus oil itself, which is the active ingredient in all these new preparations, is a colorless, limpid, water fluid, the essential oil of the *Eucalyptus globulus*. This is used undiluted, as a dressing in the same class of cases as carbolic acid is commonly used. It is also made into an ointment, of which the following is the formula: Vaseline  $2\frac{1}{2}$  parts; paraffine wax,  $1\frac{1}{2}$  parts; eucalyptus oil, 1 part. The formula for the eucalyptus and iodoform emulsion referred to in the report of one of Mr. Lister's cases of ununited fracture of the patella, is as follows: Eucalyptus oil and powdered gum acacia, of each, 96 grains; iodoform, 8 grains; water, to 2 fluid ounces.

In operations about the genital organs, or rather, parts where the presence of numerous hairs and their follicles makes it

difficult to render the skin thoroughly antiseptic by the ordinary methods, Mr. Lister has latterly, after shaving and cleansing the parts, applied to them a "salicylic cream," which is thus prepared: Six parts of carbolic acid and glycerine (1 in 20) are rubbed up in a mortar, with one part, or one part and a half, of salicylic acid, until the mixture is of the consistency of a thick, smooth cream. The mode of preparation of the eucalyptus gauze, Mr. Lister intends, we believe, to make public before long; meanwhile we may say that it may be obtained from Milne, of Eagle House, Ladywell, Kent. As eucalyptol is very volatile, it is well to place in the tin box in which the gauze is kept, an open phial of eucalyptus oil, to prevent the deterioration of the dressing.—*British Medical Journal*.

**A SUCCESSFUL CASE OF OVIOTOMY AND HYSTEROTOMY COMBINED.**—Dr. P. V. Schenck, Surgeon to Female Hospital, St. Louis, reports the following in the *American Journal of Obstetrics* for July, 1881:

Caroline Bauer, an insane woman, aged forty-seven years, a native of Germany, married, was transferred from the City Insane Asylum to the Female Hospital, July 5th, 1879. Upon examination, she was found to be suffering from a large tumor of the left ovary; the womb was drawn up in front of and apparently attached to the tumor. The history showed the growth to have been rapid; the physical condition was bad, and the patient was placed on special diet, with the best tonic and hygienic treatment at command. Her strength improved, but the tumor continued to increase rapidly in size. August 8th, by aspiration, four gallons of gummous, chocolate-colored liquid was removed. Suffice to say the adhesions were evidently so great that oviotomy was considered impracticable. From time to time the abdomen was tapped and the contents of cyst drawn out. During March, 1880, the patient rapidly became greatly emaciated, the facies ovariana very marked; she rejected most of her food, and was confined to bed. It was decided that the only hope of saving life rested in an operation for the removal of the tumor. A room was specially prepared, thoroughly disinfected,

the walls and wood-work cleaned and painted, and everything so arranged that no individual means for success should be overlooked. On April 25th, 1880, I operated under the spray by abdominal section. My medical assistants, Drs. Goebel, Grindon, Pharr and Priest, were each assigned to their duties respectively. Dr. Steele took part in the administration of ether; Drs. Prewitt and Engelmann ably assisting in the immediate operation. The patient was readily put under the influence of an anæsthetic, and incision was made in the line of the linea alba from one inch below the umbilicus to a point near os pubis; the wall of the cyst being brought to view, it was found to be adherent on every hand, but less so in connection with the anterior abdominal wall; the uterus was imbedded in, firmly and closely adherent to, the sac; the cyst was bound down to the pelvic fasciæ. The peritoneum, anterior and above, showed the remnants of circumscribed inflammation. The cyst-wall was very thin, and, upon the introduction of a trocar, it gave way in several places; the contents of the cyst weighed sixty pounds; the cyst was bilocular and had no pedicle, being universally attached over the pelvis. An effort was made to strip the envelopes of the sac above the attached surface, notwithstanding the greatest care in the enucleation, yet it was torn. The circumstances now forced the operation for ablation of the womb. Having removed as far as possible all the inner lining of the attached pelvic portion of the cyst, and controlling the hemorrhage, a Wells clamp was fastened, needles being passed below the clamp; the upper portion of cyst was cut off, inclusive of uterus, which was removed just above vaginal junction; the end of cut surface was about three inches in length; the abdomen cleaned as far as possible, a drainage tube placed; the abdominal incision was closed with wire sutures. The pedicle was so long that the clamp assumed a position in the wound lengthwise. Duration of operation, two hours and fifteen minutes. The after treatment was according to Lister's method. The condition of patient was very feeble and she suffered considerably from the shock, which was severe.

April 25th.—Four hours after completion of operation, patient low, pulse feeble, body cold and clammy; she was given stimulants, with broken pieces of ice.

April 26th.—Doing well; pulse rapid and feeble; slight nausea.

April 27th.—Condition restless; respiration hurried; has vomited several times. Gave ice and used rectal injections of beef-tea and whiskey.

April 28th.—Patient is better, quiet and resting. Continued treatment.

April 29th.—Bowels have moved three times in quick succession, the evacuations are of thin consistence; she suffers no pain; stopped rectal injections; gave by the stomach ice and wine; gave morphia hypodermically.

April 30th.—No further action of bowels; she is quiet and resting well; dressed wound antiseptically; doing well; the clamp is drawn down considerably; there is but little discharge; drainage tube removed; the needles which had become incrustated under clamp were removed; the line of incision above clamp appeared closed; pedicle black, sloughing, but not detached.

May 1st.—Patient very nervous; has passed her urine in bed, which, up to this time, had been drawn every eight hours; she has no appetite; is quite violent and uncontrollable; gave a hypodermic of morphia, rectal injections of beef tea, pepsine and dilute hydrochloric acid.

May 2d.—Patient doing well; complains only of a pain about the hips.

The wound was, from time to time, dressed antiseptically. The patient continued doing well. The sutures were removed on the twelfth day, and the clamp on the fifteenth day, leaving a deep excavated ulcerating surface. June 1st, a ligature, which had been placed at the bottom of the sac to control hemorrhage, was found at the bottom of the wound; after that, the surface healed rapidly by granulation, and the patient made a full recovery. The record of temperature, pulse and respiration, as made morning and evening for thirty days following performance of operation, shows that the temperature varied between 97 and 100°; the pulse between 99 and 125 during the first ten days; between 90 and 108 during the remaining twenty days; the respiration between 48 and 20 during the first ten days, and between 40 and 19 during the remaining thirty days.

May 7th, 1881.—Patient now an inmate of City Insane Asylum, is in perfect physical health, has grown quite fleshy.

# St. Louis Clinical Record.

EDITED BY

WM. B. HAZARD, M. D.

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Office, No. 5 South High Street.

## Editorial.

**TO PHYSICIANS.**—We mail a large number of this edition of the *Clinical Record* to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

### MEDICAL SCHOOLS.

About this time the medical student is making his choice of a school in which he will pursue his studies the coming winter. He will very naturally consult his preceptor in relation to this important matter, and will be guided, to some extent, by the advice he will receive. The preceptor will usually think that the institution from which he graduated is the best under the sun and, if he has not learned to think for himself, will be quite as likely to recommend a school of the lower grade as one of the highest standard.

We have nothing to say to the student who attends a medical college simply and only for the purpose of obtaining a diploma. This kind of ambition is in no way to be commended; it is, however, the basis upon which a large number of "wild cat" institutions are founded. To the practitioner who desires to do his duty towards his pupil and towards the profession, we have a few words to offer. To the thoughtful, earnest student who desires to lay the foundation for success in life, we have a few words of advice.

To the first we would say, the profession is overcrowded with poorly instructed and

badly trained doctors. It is your best policy from a business point of view to limit, to the extent of your ability, the graduation of such in the future. These are the professional men (heaven save the mark!) who "cut under" in fees, who resort to all sorts of quackish practices to decoy away your patients, who slander and villify the honorable practitioner, who instigate suits for malpractice and who howl for "protection" in a monopoly of practice. You should see to it that no student is given your certificate of study unless he is of correct habits, has a good English education and is faithful and diligent in his studies.

You should hesitate long before you send your pupil to a college whose reputation for granting the diploma on easy terms has become notorious. An excessively large class is very apt to be a suspicious circumstance in this relation—especially if the teachers are mediocre men who have not made their mark in science. Another objection to an excessively large class is that the individual student is excluded, in a great measure, from opportunities of direct personal instruction by the very fact of so many being present.

Unless the students are properly divided into classes, the basis of such classification being the actual, positive acquirements of each, the teaching of several hundred students *en masse* is little more than a farce. For example, to pretend to teach the practical branches to a beginner in medical study is worse than folly; it has sent many a first-course tyro into active practice, a danger to the people and a dishonor to the profession.

To the student about to select an institution in which to systematize and perfect his knowledge, we would say most earnestly: Do not expect to obtain a diploma without long and diligent study; do not make the possession of such a parchment the end for which you labor; do not flatter yourself that you have any innate qualities

which will enable you to succeed in practice without good and solid acquirements. Select an institution of learning which does not promise too much. Choose one which offers a graded course of study extending over three or four years. Make up your mind that it is a labor of a life-time to become thoroughly proficient in medical science. Look well to the character, acquirements and general reputation of the teachers in the school you select. A school located not too far from your selected field of practice should be preferred. Resolve to make the best use of your opportunities to study and work to the best of your ability.

If you conclude to attend one of the colleges advertised in this number, you will have no cause for future regrets.

**CHOLERA INFANTUM** has not been excessively prevalent this season, notwithstanding the intense heat of the summer. Consequently heat, *per se*, cannot be blamed as the essential cause of the affection. It has always seemed to us that the serous diarrhoeas of summer were especially to be attributed to imperfect digestion. With this causative indication in mind, we have generally treated them with mild laxatives and anti-ferments (calomel is both), and followed this first riddance of the alimentary tract with easily digested food (milk with lime-water) and an effective aid to digestion (lactopeptine). It seems to us that this treatment is very rational; it has, at all events, proven very successful. "The proof of the pudding," etc.

**THORP AND LLOYD BROTHERS** succeed the enterprising and successful Cincinnati firm of Manufacturing Chemists, Merrell, Thorp and Lloyd. The preparations of this house have attained a well deserved reputation for excellence and trustworthiness, and will not suffer any deterioration in the hands of the new firm, as Professor J. U. Lloyd retains the superintendency of the

laboratory. It should be remembered that this firm makes a specialty of supplying physicians directly with approved preparations.

**PRESIDENT GARFIELD'S CASE** will be carefully reviewed in our next issue. Our space is too limited the present month to allow us to do justice to the occasion.

**THE EXTRACT OF MALT** of the Trommer Company, at Fremont, Ohio, seems to retain its past high reputation and adds thereto, if we are to judge from the complimentary notices we have seen from the highest medical and surgical authorities. The following from the pen of Professor Louis Bauer, M. D., speaks volumes:

"I have successfully and frequently prescribed the various preparations of the Trommer Extract of Malt Co., of Fremont, Ohio. I have found them most valuable nutrient tonics in asthenic and chronic diseases, more especially of bones and joints. With scarcely any exception my patients grew fat upon them, and increased in weight. This merited acknowledgment I owe to the firm and to the profession."

**PYÆMIA AND SEPTICÆMIA** seem to have become singularly confused in the minds of the corps of physicians attending the wounded President. There ought to be no such confusion when the researches of the last quarter of a century are considered.

In septicæmia, the condition may be very grave, evidences of septic poisoning may be extremely well marked and still the patient may recover without permanent damage to any structure.

In pyæmia, the evidences derived from the pulse, temperature, etc., may seem of no greater gravity, but localized lesions, metastatic abscesses, etc., show that *destructive* processes have begun which seldom allow any hopes of recovery to be entertained.

Both processes seem to have been in full operation in the case under consideration.

## Book Notices and Reviews.

**A MEDICO-LEGAL TREATISE ON MALPRACTICE, MEDICAL EVIDENCE AND INSANITY.** Comprising the Elements of Medical Jurisprudence. By John J. Elwell, M. D., member of the Cleveland Bar, one of the editors of New Edition of Bouvier's Law Dictionary, etc. Fourth Edition. Revised and enlarged. Large 8vo., pp. 600. Leather, \$6.00. New York: Baker, Voorhis & Co. publishers, 66 Nassau street. 1881. From the Author.

Dr. Elwell places the following quotation from David Paul Brown, conspicuously upon his title page:

"A doctor who knows nothing of law, and a lawyer who knows nothing of medicine, are deficient in essential requisites of their respective professions."

We may give our assent to this proposition, and at the same time recognize the fact that no single mind can embrace all the details of each profession, or even write a book that will do justice to both alike. Several medical men have made the attempt, and it must be said all have failed more or less conspicuously. Chitty studied medicine and left for the more attractive mysteries of the law; his text-book on Medical Jurisprudence (so our author tells us) was but a re-hash of the current medical works of his time. Dr. Beck collected an enormous mass of all sorts of cases from the legal reports, law books and newspapers, but his mind was not trained in the schools of law, hence—to the lawyer—his ponderous tomes are practically useless. Dr. Isaac Ray's monumental work on the Medical Jurisprudence of Insanity, is the very best on this very limited class of forensic studies to be found in any language; it is, however, too strongly tinctured with the views of the highest type of the humane physician to be accepted by "the gentlemen of the long robe." Balfour Browne's book is a clear bit of literary piracy, intermixed with unmerited slurs upon the medical profession. Dr. Ordreux, the present

Commissioner in Lunacy for the State of New York, writes whatever is dictated to him by his superior officers, who are, strange to say, supposed to be under his watchful supervision. Wharton and Stillé have palmed off upon the American professions of law and medicine a free translation of Casper's antiquated work, full of suspicion of physicians, and so far as lunacy is concerned, worthy of the times when Casper was unquestioned authority.

Dr. Elwell has earned a most excellent reputation by his former editions, especially in relation to malpractice. Although his diction is not always of the best, his teaching may be considered as authoritative upon these points.

The chapters on Medical Evidence are very good. The following paragraph may be found worthy of careful remembrance by many in the community, particularly in relation to the weight to be attached to criticisms upon asylum management by men outside of the "asylum ring." We quote from pages 335 and 336:

"Experience alone does not make up a valuable scientific opinion—if this is the principal element it is comparitively worthless. Experience in medicine, though of some value to a witness, yet it is often placed higher than its proper place. An intelligent medical opinion is but seldom based upon experience alone, or principally. Albercrombie says: 'In point of fact, the knowledge which is acquired by an individual, through his own perception and reflection, is but a small part of what he possesses; much of the knowledge possessed by every one is acquired through the perception of other men.' Dr. Campbell, an English writer, observes that, 'what has been rightly perceived may be misremembered; what is rightly remembered may, through incapacity, or through ill intention, be misreported; and what is rightly reported may be misunderstood. In any of these four ways, therefore, either of defect of memory, of elocution, or of veracity in the relator, or by misapprehension in the hearer, there is a chance that the truth received by the information of the senses may be misrepresented or mistaken.' Dr. Gordon Smith says: 'It is very possible,

therefore, that he who depends upon his experience may be inferior, as to knowledge and intelligence, to the diligent student; for an accidental observer may be unqualified to make use of his opportunities, while the other may acquire much information without going beyond the labors of others. The man of experience moreover has to labor as much single handed as all the rest put together, ere he can equal them in pretension; while the student again may have opportunities of experience to a minor extent, but will make a vastly better use of a few than the uninformed can of many. *Presumed* experience, for that is certainly what the word in its ordinary use must be restricted to, is, in a great measure, accidental; it must fall to the share of different individuals, in different forms and degrees; and I believe that no small portion of that odious discrepancy which has prevailed among medical witnesses, whereby the lustre of medicine itself has been so much tarnished, is chargeable to the prevalent affection of being men of experience rather than men of learning—to the over-anxious desire of being extensively employed, rather than solidly instructed and properly qualified. It is dangerous, therefore, for a medical witness, when upon the stand, to depend in making up his opinions upon his own personal experience, instead of basing them upon the elementary writer's upon the subject. With a thorough acquaintance of the standard writers on the science of medicine, he is qualified to give an opinion of his own on the matter at issue."

The ordinary asylum superintendent, is most emphatically, "an accidental observer," and the circumstances of his position very frequently render him "unqualified to make use of his opportunities." His opinions on questions usually submitted to experts are, consequently, of no more value than those of an ordinary practitioner of moderately studious habits.

Dr. Elwell asserts that "Insanity stands at the head of medico-legal questions, in its relations to Criminal and Civil Jurisprudence." Still, in his very first chapter he acknowledges that he knows very little—scarcely anything—about it. He flounders about helplessly in a search for light on the subject, and finally concludes that no man

can tell whether it is a disease of the body or of that "immaterial entity," the mind. Dr. Samuel Johnson's case proves an insurmountable obstacle to him. After quoting the threadbare description (from Knaggs), of Dr. Johnson's symptoms, unmistakably those of insanity, he passes judgment as follows: "Was this man insane? So far from it, Dr. Johnson was by consent, regarded as one of the most vigorous thinkers of his time, and to-day he is called one of the greatest sages and ablest writers that ever lived."

On page 352, our author appears to be about to abandon his project of throwing light upon medico-legal psychiatry, for he states with all the force of italics: "We have to deal with phenomena, of the essence or intimate nature of which we know *absolutely*, positively *nothing*." This absolute ignorance of the basis of his subject does not prevent our author from giving something over eighty pages of his treatise to a discussion of insanity in its medico-legal relations.

Dr. Elwell throughout this section drops his medicine and comes to the front as a jurist. He takes much pleasure, apparently, in criticising Dr. Ray's great work, and follows out much the same line as that pursued by Wharton and Stillé, in the same relation. He indorses the following rule or test of responsibility:

"If the act complained of has been committed under an insane condition of mind in regard to the particular act done; in other words, if the act was an insane act, the prisoner is allowed to go unpunished, though in every other respect, in regard to all other acts, he may appear to be perfectly sane. On the other hand, if he is insane on all other questions, and rational on the one complained of—if such a condition is possible—he is to be punished. The whole question depends upon the fact, whether he fully comprehended the moral and civil wrong of the transaction, *in regard to the act done*."

Of course, as Dr. Ray has said, this implies that the insane can and do reason rationally from insane premises, and that

the jury in a given case is able to ascertain the exact limits of a lunatic's madness!

Moral insanity, or insanity without delusion, is characterized as a form of "sentimentalism" most dangerous to the community. Here again, our author resumes the rôle of the lawyer and shows himself incapable of appreciating facts gathered by a large number of good observers.

In relation to Partial Insanity or Monomania, the author is hopelessly befogged. A careful consideration of Dr. Spitzka's paper in the *CLINICAL RECORD* for December, 1880, would help him out of some of the difficulties with which he is surrounded. The sections on poisons are not full enough to make them of any great value. The student should consult Taylor's great work and Woodman and Tidy on these subjects.

The strong points of Dr. Elwell's treatise are the chapters devoted to Malpractice and Medical Evidence; on these questions he is the best authority which we possess.

One of the weak points, is the insertion of commendatory notices of former editions, in the form of foot-notes, everywhere throughout the volume. Four pages of such advertising, which are bound into the book before its title page, should have sufficed. Many typographical errors disfigure the pages. Otherwise it is well presented by the publisher.

**ANATOMICAL PLATES.**—Arranged as a Companion Volume for "The Essentials of Anatomy," (by William Darling and A. L. Ranney), and for all works upon Descriptive Anatomy, comprising four hundred and thirty-nine designs on steel by Prof. J. N. Masse, of Paris, and numerous diagrammatic cuts selected or designed by the editor, together with explanatory letter-press, edited by Ambrose L. Ranney, A.M., M.D., Adjunct Professor of Anatomy in the Medical Department of the University of the City of New York, etc., 4to. pp. xvi. and Pl. 124. New York: G. P. Putnam's Sons. 1881.

The appearance of this Atlas is, in the first place, an insult to the intelligence of

the American profession. The house of Putnam's Sons should have hesitated before compromising its good name by offering such an old and superannuated work to its patrons.

In the second place, the procedure of this Dr. Ranney is a neat commentary upon the character of the men who obtain positions in our "graduating mills." This man, without sufficient intelligence to write his own preface, or even, to disguise the glaring fraud in which he involved a respectable publishing house, is a Professor ("Adjunct") in the University of the City of New York. He is associated with that "Professor" F. D. Weisse, who hung up a dead body, fired bullets into it, and published his results *à propos* of President Garfield's wound, in the daily papers. He—Dr. Ranney—is also the worthy "nephew of his uncle" and owes his position to nepotism.

In the third place, it illustrates the way in which books are issued to-day. There was a time—so long ago that we might use the introductory "Once upon a time" of the fairy stories, for it recalls the golden age of literature—when an author, after filing away at his manuscript for years, submitted it to a publisher, and succeeded in obtaining one or not according to the intrinsic merits of his literary work. Now-a-days, a man, with more money than brains, rigs out a third-rate compilation and obtains a publisher, on condition of "securing" the latter against loss. In other words, he pays the publishing house so much for the loan of its name and influence! Most publishing houses have a medical reader who examines candidates for the honor of their imprint, but we doubt whether the firm issuing Ranney's fraudulent imposition could have employed one on this occasion.

That we are not too severe in our strictures, may be seen from the following, which appears in the *American Journal of the Medical Sciences* for July, 1881.

After premising that Dr. Granville Sharp Pattison, who was at that time professor of anatomy in the University of New York, did translate and "edit" an English edition of Masse's "Petit Atlas d'Anatomie," in 1845, the reviewer, whose initials W. W. K. (Wm. W. Keen) are appended, goes on to say:

"So far as the title page is concerned, Dr. Ranney's differs from Dr. Pattison's only in two particulars, viz., that Professor Masse is pushed into the background and Professor Ranney into the foreground, and that the latter has added 'numerous diagrammatic cuts.' These last consist of twelve plates (the title of one of which, Plate No. 100, is omitted from the list of plates) with cuts selected mostly from Wilson, Séguin and others. The few he has designed add but little to the value of the book, and in at least one instance the cut is precisely wrong. In Pl. 117, fig. 1, representing the optic chiasm, each optic tract is made to supply the retina from the entrance of the optic nerve, right and left, i. e., in the right retina the left optic tract will supply more, and in the left it will supply less than one-half of the retina. The fact, however, is that each optic tract supplies mathematically the corresponding half of each retina, the line of division passing not through the optic nerve, but through the macula lutea.

"But it is when we compare what Dr. Ranney has not supplied that our astonishment is most excited. The fact, in plain English, is simply this: Dr. Ranney has taken the stereotype plates of Dr. Pattison's edition of Masse and has reproduced from them text, plates, editor's preface, author's preface, notes, everything as his own, without the slightest allusion to Dr. Pattison in any way. Let us see the proof. We say he has taken the same stereotype plates, because they correspond in size, and the text is the same, line by line, and word by word, with a few and utterly insignificant stars and foot-notes. Where, in Dr. Pattison's edition, there is a change of type to fit the page; Dr. Ranney's shows the same change; nay, even more, where, in the one there is a broken letter, or one of a wrong font, it is reproduced in the other.

"The 'editor's preface' of the latter edition reproduces that of the former, almost without change. In the Harper's

edition it is called a 'Pocket Atlas.' In Putnam's the 'Pocket' is omitted, for the book is doubled in size, and there is no allusion to any coloring of the plates, since there is no colored edition as there was of Harper's. Each editor 'has felt the want of such a work to recommend to his pupils;' the large size of most atlases, 'in the opinion of the editor' of each book, 'is a great objection against their use.' Both editors thought they 'could improve the original text of Masse by re-writing the descriptions of the plates,' and both alike gave it up after trying it. Both 'consider the execution of this work as a proud trophy to the arts of the United States.' Each editor admires the liberality of his respective publisher, and has 'no doubt it will be met with corresponding support and patronage.' And we have no doubt that each has an opinion on the propriety of publishing over again another man's book as his own, although we do not find it recorded in either preface—possibly because their opinions on this subject, strange to say, may not be identical.

"The 'introduction' ('preface' in the Harper's edition) is the same, *verbatim et literalim et punctuatim*, with neither addition nor subtraction."

After noting the bad arrangement of the plates effected by Dr. Ranney, who has bunglingly disfigured Dr. Pattison's work in order to disguise his piracy, the reviewer proceeds as follows:

"Perhaps the most glaring blunder is to be found in Dr. Ranney's plate 41. When one is intent on editing another editor's book after the fashion of this present work, it is judicious to edit the other man out before editing one's self in; not to do so is a piece of forgetfulness which is sometimes strikingly unwise. In a foot-note to plate 38 of Dr. Pattison's book, speaking of the 'Adductor Pollicis Pedis,' he says: 'This is called by Cruveilhier the Abductor Pollicis, but, for the reasons stated in the note which may be referred to in the *Editor's Edition of Cruveilhier's Anatomy*, p. 288, we give it the name which,' etc. The foot-note to plate 41, in Dr. Ranney's edition, also refers to the *Editor's Edition of Cruveilhier's Anatomy*. Now, in 1844, Dr. Pattison did edit Cruveilhier's *Anatomy*, and the Harpers published it, but this is the first intimation that Dr. Ranney's editorial labors, like his editorial opinions,

are so completely identified with those of Dr. Pattison.

"While writing this notice we have received a printed circular from Messrs. G. P. Putnam's Sons, stating that, 'through a clerical error, the name of the late Prof. Granville Sharp Pattison, as Translator and Editor of the edition of Masse's Anatomical Plates, issued in 1845, has been omitted from the title page of their present edition. They would also explain that Prof. Ranney's labors, as editor, embraced such alterations of the Plates and Text as was required to bring these fully up to date, together with the preparation of important new material in the way of diagrams and descriptive text.' A most remarkable 'clerical error' this, to escape the eyes of the publisher, the editor, the proof-reader, and the type-setter!—especially when the old stereotype plates were before them. Perhaps, too, it was a 'clerical error' which changed the date of the editor's preface from 'University of New York, Oct. 20, 1845,' to '156 Madison Avenue, Feb. 15, 1881.' Perhaps, too, it was a 'clerical error' which makes Dr. Ranney, in the two paragraphs that he in fact does add to the editor's preface, refer three times to 'the editor,' meaning really himself, but in no wise distinguishing such references from those to 'the editor' in the other paragraphs, meaning Dr. Pattison. As to 'alterations of the plates,' we have not found any, and the text, as we have pointed out, has not been altered enough. Such an explanatory circular, under these circumstances, becomes self-convicting."

It may be confidently predicted that if such contemptible, cowardly, hyena-like plagiarism of the works of dead men can secure a publisher's indorsement and that of a large proportion of the medical press of the country, real medical *authors* will prefer to publish their works themselves in the future.

This melancholy experience of Messrs. Putnam's Sons has not served as a warning to another firm, which has already issued a work on the anatomy of the brain, etc., by this same Ranney. Think of it reader, a work on the organ of the mind, a subject that a Carpenter, Bastian, Lockhart-Clarke, Stilling, Meynert, Luys, or a Gratiolet

might dare undertake is, the first time an American publishing house ventures upon issuing such a book, compiled by an imbecile! We use the term advisedly, for what else than an imbecile criminal is the literary thief who does not know enough to disguise his theft even by a change of language?

We presume our readers have enough of Ranney and his impudent impositions upon the good nature of the American profession. However, should our contemporaries persist in lauding that which is infamous, we shall undertake to give our two thousand readers our views on the latest of his productions. His publishers are sufficiently alive to their own interests to forget to send us copies of his books. We presume they can be purchased, however.

♦♦♦  
TRANSACTIONS OF THE THIRTIETH ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY, held at Belleville, May 18, 19, 20, 1880. 8vo. pp. 228, Chicago: C. H. Blakely & Co., 88 Dearborn St., Printers. From the Secretary.

Press of other matter has prevented an earlier notice of this handsome volume. The contents are fully equal to those of the average volume of such transactions. A noticeable feature is the telegram received from the Missouri State Medical Society, which was in session at the same time. We have embalmed this message once before, but it is so "sweetly sweet" that really we cannot refrain from again spreading this "banquet of beauty" before our readers; it will serve to modify the acidity of some of the other sauces to be found in our bill of fare:

"Greeting from the Missouri State Medical Association, in session at Carthage. Sister States, brothers in profession. United efforts; objects the same—happiness of mankind."

The annual addresses were of the usual elegant and appropriate character. Poetry, history and mythology are drawn upon without reserve, and the result is a general good feeling such as ought to prevail at such assemblages.

Dr. Haller, of Vandalia, submitted an interesting report of an Epidemic of Mumps, observed by him. A large number of cases of so-called metastasis to the testes occurred, and cerebral complications—Dr. Haller says the meninges were affected—were frequent, but no fatal result or permanent disability of the testicle were noted.

An excellent report on Tracheotomy in Diphtheria and Membranous Croup, with notes of twenty-two cases operated upon, by Drs. E. W. Lee and Christian Fenger, of Chicago, is of more than ordinary interest. Of Dr. Lee's seventeen cases, six recovered; of Dr. Fenger's five cases, three recovered.

An excellent paper on Inhalations in the Treatment of Pulmonary Diseases, by Dr. F. H. Davis, of Chicago, has a melancholy interest by reason of the untimely death of this very promising young physician, a short time subsequent to the reading of this article. Dr. Davis preferred inhalations of *vapors* rather than those of gases or sprays. As to the essential points in a good inhaler, he lays down the following reasonable rules:

"First, that the tubes shall be of sufficient capacity to allow of free respiration without suction. At least  $\frac{3}{4}$ -inch tubes should be provided. Secondly, the inhaler itself must be of sufficient capacity, holding at least a quart. Thirdly, by the addition of a valve arrangement, as in the inhaler that I am in the habit of using, both inspiration and expiration can be carried on without removing the tube from the mouth; and by partially obstructing the expiratory opening, that act is prolonged and rendered somewhat forced, thus compelling a more free and complete expansion of the lungs. The medicated vapor is thus held longer in contact with the respiratory mucous membrane, and proves the more decided and efficient in its action. This latter I consider to be an especially valuable and important point."

He spoke very highly of the volatile oil of eucalyptus, praising its antiseptic effects in diminishing excessive secretion and in checking suppurative action in the respiratory passages. He thought it better toler-

ated by the respiratory passages than carbolic acid. Very clear rules were given as to the classes of patients who will be only temporarily benefitted and those who will be permanently relieved; and the indications for the use of inhalations are given so plainly that they cannot be misunderstood.

The report on Surgery contains nothing new except a misquotation from good Bishop Pontoppiden relative to snakes.

Two interesting cases of Conservation Surgery are reported by Dr. F. Cole, of El Paso. His definition in the following sentence will scarcely bear scrutiny, however:

"And by drainage I mean the removal of necrosed bone at an early hour, as well as pus."

Cases of Herniotomy and of Extirpation of the Parotid Gland, were reported by Dr. J. G. Harvey, of Grove City. The almost complete disappearance of facial paralysis following removal of the parotid, is an interesting point in the case reported.

Dr. Verity, of Chicago, presented a Universal Suspension Splint, which is illustrated in this volume.

The report of Committee on Obstetrics with its two addenda present nothing especially worthy of note.

Dr. W. T. Montgomery, of Chicago, reported a remarkable case of Double Optic Neuritis from a Violent Fit of Anger—remarkable by reason of the alleged causation. The other contributions to the report on Ophthalmology and Otolology do not call for special notice.

Dr. H. Z. Gill, of Jerseyville, discussed at considerable length the question of the identity of diphtheria with membranous croup. Although he was unable to point out *any* distinguishing mark by which they can be separated, he decides that the question is still undecided.

The volume closes with the report of the Committee on Necrology, list of members, Constitution and By-Laws of the Society. The publisher has performed his part of the work extremely well.

TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY, 1881. Thirty-first Annual Session, held in Indianapolis, May 17, 18 and 19, '81. 8vo, pp. 378. Indianapolis: Central Printing Co., 1881. From the Secretary.

This volume of transactions gives evidence of substantial progress among the profession of the great State of Indiana. We have space only for a very short notice of the contents of the volume before us.

The address of the president, Dr. T. B. Harvey, is devoted to a glance at "The Advance in Medicine." It is a hackneyed theme, but Dr. Harvey handles it in a very instructive manner.

Dr. J. W. Compton, editor of the *Western Medical Reporter*, submitted a short paper on "Sanitary Progress." Although it contains nothing especially novel, it is of value as calling attention to some very important points relative to preventive medicine.

Dr. Thaddeus M. Stevens, of Indianapolis, gives an epitome of what has been done or rather attempted in the State in the way of medical legislation. "State medicine" does not seem to flourish to any extraordinary extent in that commonwealth.

Dr. James N. Hervey, of Indianapolis, contributed a paper on "Mental Hygiene." This presents some important matters in a very able manner. Buck's Hygiene and Lincoln's Health Primer have been drawn upon largely.

Dr. J. H. Alexander, of Clifty, reports two case of "Trichinosis." These were typical cases occurring in husband and wife. The former died, and trichinæ were found in the muscles in abundance. The wife recovered without special treatment.

Dr. Wm. Commons, of Union City relates several cases of presumed trichinosis. The evidence does not seem to us so conclusive as it does to the author. This proof was obtained in the following manner:

"The matter ejected from the stomach, when placed under a microscope, gave only negative results. The discharges from the bowels and kidneys were equally barren

of information. He protested that he never ate raw meat of any kind, and in this he was sustained by his wife. But the case was regarded as trichinosis, and on taking the matter from one of the pustules in his face, and placing it under the microscope, it was found to be swarming with young trichinæ."

The muscles were not examined after death, and there seems to have been no other evidence that this parasite was present. It was not found in the suspected meat.

Dr. R. A. Davis, of New Albany, described a case of inspection of the gall bladder, with discharge of 130 "calculi" through the abdominal wall. No jaundice appeared during the progress of the case, and complete recovery ensued. This was certainly a very remarkable case.

Dr. R. E. Haughton, of Indianapolis, read a paper on "Amputation of the Knee Joint," with a case, which does not seem to justify the author's preference for disarticulation to amputation at lower third of femur.

"The Cold Bath in the Hyperpyrexia of Pneumonitis," is advocated by Dr. L. D. Waterman of Indianapolis. A very instructive instance of its use is briefly given.

Dr. T. Wertz, of Jasper, contributes a short article on "Nasal Catarrh," which contains nothing worthy of special mention.

"Infectious Diseases" are treated by Dr. L. C. Johnson, of Fountain City. The paper is readable, and presents the "germ theory." Some not very conclusive experiments upon animals are described. The false membrane from a case of diphtheria was used. When taken into the stomach of animals, it produced no results; when injected subcutaneously into the circulation of cats, death ensued. Dr. Johnson is to be complimented upon his energy and persistence in original investigations.

Dr. J. C. Dare, of Bloomington, has a paper on "Quinine," in which he asserts that this drug has no well marked effect upon the uterus, or at least, that such action has not been proven. He is also very doubtful of its "tonic" effects.

Dr. H. Charles, of Carthage, presented a strong anti-tobacco paper, entitled "Tobacco and Its Toxic Effects." Like all opponents of the "weed," Dr. Charles is not satisfied with a presentation of the direct evidence against it, but hastens to attribute all human ills to the abuse of tobacco. Cancer, insanity, epilepsy, cardiac diseases (hypertrophy even!) and numberless other ills are attributed to it.

An article on Heart Clot, with an illustrative case, by Dr. J. S. McMurray, of Frankfort, is well written and interesting.

Dr. N. S. Haymond, of Indianapolis, presents a systematic paper on Erysipelas, with a number of cases. He opposes the usual iodine applications and depends on iron, quinine and alcohol given by the mouth, to which treatment we agree.

Dr. L. S. Oppenheimer, of Seymour, presents an Improved Test for Sugar which he claims, is as simple as Trommer's, and as reliable as Fehling's test. The following is the formula:

Pure Sulphate of Copper, 50½	
grains,	- - - 3.276 grains.
Pure Glycerine, 1 ounce,	- 29.57 C. C.

One drachm of this solution, which is a permanent one, reduces exactly one grain of glucose in the presence of the alkali—any amount of the latter may be added when making the test.

Dr. Enoch W. King, of New Albany, presented statistics of 128 cases of Placenta Previa, occurring in the practice of Indiana physicians. This is probably the most valuable paper in the volume. Dr. King, in 1879, presented a statistical report on 112 cases of the same kind. We have no space for an analysis of this very excellent paper.

Obituary notices of fourteen deceased members close the papers of this very creditable volume of Transactions. Minutes of the meeting, constitution, by-laws, Code of Ethics of the American Medical Association and list of members are appended. The volume is well printed and bound, and is a credit to this vigorous society of working scientific men.

#### LITERARY NOTES:—

MESSRS. WM. WOOD & Co., the eminent publishers, furnished each delegate to the International Medical Congress of London, with a copy of a catalogue of their publications, gotten up in a most excellent style. We acknowledge receipt of a copy. It is of note-book size, contains besides the catalogue, a programme of proceedings of the Congress, and twenty-four blank pages for notes. It is bound in crimson satin and is a model of what a catalogue of medical books should be!

THE "Journal of Nervous and Mental Disease," edited by Dr. J. S. Jewell, of Chicago, assisted by Drs. W. A. Hammond and Meredith Clymer, of New York, and S. Weir Mitchell, of Philadelphia, continues to be the only exponent of American psychiatry worthy of notice. It is an elegant quarterly of about 230 pages each number, and is published by G. P. Putnam's Sons, 27 and 29 West Twenty-third street, New York, at the very reasonable subscription price, \$5.00 per annum. The July number contains fourteen papers by such eminent writers as Hammond, Séguin, Chas. K. Mills, Joy Jeffries, Wharton Sinkler, Kiernan, and others. It is one of the few journals which is impartial in its criticisms of new works. We most cordially recommend it to our readers.

THE "Popular Science Monthly" for July and August, 1881, has been received. We would again call the attention of our readers to the very valuable and attractive features of this excellent journal. Every number contains important information for the physician, while every member of the family will find matters of interest and value. As a popular educator it has no rival.

The July number contains thirteen papers, the following are particularly adapted to professional reading: "The Races of Mankind," by E. B. Tylor; "Production of Sound by Radiant Energy," by Prof. Graham Bell; "How to Prevent Drowning," by Henry MacCormack, and "The Phenomena of Death," by Dr. T. D. Spencer. A sketch of Chas. T. Jackson, whose name will ever be associated with the discovery of surgical anæsthesia, with a fine portrait, is also an attractive feature to the physician.

The August number contains papers on: "The Blood and Its Circulation," by H. L. Fairchild; "The Teachings of Modern

Spectroscopy," by Dr. Arthur Schuster; "The Insufficient Use of Milk," by Dr. Dyce Duckworth; "The Visions of Sane Persons," by Francis Galton; "School-Room Ventilation," by Dr. P. J. Higgins, and on "The Electric Storage of Energy," by an anonymous author. A sketch and portrait of Prof. Bunsen, adds value to this number. Published by D. Appleton & Co. of New York, at \$5.00 a year.

THE *North American Review*, for August, contains a fiery attack upon "The Christian Religion," by Col. R. G. Ingersoll, and a masterly reply by Judge Jeremiah S. Black. Col. Ingersoll repeats his invectives, which have brought so much ready cash into his coffers, and Judge Black makes a legal plea for the faith of Christendom. The two papers ought to be read by every one.

"Obstacles to Annexation" of the dominion of Canada to the United States, by F. C. Mather, gives a pretty fair idea of the political status of our northern neighbors.

"Crime and Punishment in New York," by Rev. Dr. Howard Crosby, gives a striking statement of the present state of affairs in New York—and every large city of the country as well—with some suggestions for the cure of the evils complained of. John Roach, the great ship-builder, has an interesting paper on "A Militia for the Sea," which gives a humiliating picture of our present naval weakness, with suggestions for the better protection of our harbors. Prof. Simon Newcomb writes an instructive paper on "Astronomical Observatories;" and the concluding article is on "The Public Lands of the United States," by Thos. Donaldson, which contains some very valuable information as well as suggestions for the correction and settlement of governmental policy for the disposition of the remaining public domain.

There is no better periodical published in this country for the man who would keep up with literary and scientific progress than the old *North American*, published by the Appletons, of New York, at \$5.00 per annum.

#### BOOKS AND PAMPHLETS RECEIVED.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL. In Treatises by Various Authors. Edited by T. Holmes, M. A. Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital, etc. First

American, from Second English Edition, Thoroughly Revised and Much Enlarged, by John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia, Assisted by a large Corps of the Most Eminent American Surgeons. In three Volumes, with many Illustrations. Vol. 1. General Pathology, Morbid Processes, Injuries in General, Complications of Injuries, Injuries of Regions. Large 8vo; pp. 1007. Sold by Subscription only. Cloth, \$18; library, leather, \$21; half Russia, \$22.50 per set. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: J. H. Chambers, Agent.

THE COMPEND OF ANATOMY. For use in the Dissecting Rooms, and in Preparing for Examinations. By John B. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, Etc. Second Edition, Revised. 16mo; pp. 198. Flexible Cloth, \$1.25. Philadelphia: C. C. Roberts & Co., 1118 Arch St. 1881.

DES INTERMITTENCES DU POULS, de la Syncope, et de la Mort Subite dans la Convalescence de la Fièvre Typhoïde. Par le Dr. Langlet. Ancien interne des Hôpitaux de Paris, Médecin de l'Hôtel-Dieu de Reims. Extrait de *L'Union Médicale et Scientifique* du Nord-Est. 8vo; pp. 56; pamphlet. Reims: Chez Deligne, Libraire.—Editeur 1881. From the Author.

ENSAYO SOBRE LA ACCION FISIOLOGICA Y TERAPEUTICA DEL JABARONDI. Tesis para Obtener el Titulo de Medico y Cirujano Presentado y Sostenida ante la Junta Directiva de la Facultad de Medicina y Farmacia, por Abel Gutierrez. Julio 25, de 1881. 8vo; pp. 48; pamphlet. Guatemala: Tipografia "El Progreso" Octava Calle Poniente N. 6 Bis. 1881. From the Author.

HERNIE INGUINALE Constituée par la plus Grande Partie de la Masse Intestinale. Taxis et Compression Progressifs Périodiquement Répétés pendant Quatre mois Réduction et Guérison. Par M. le Dr. Thiry, President de l'Académie Royale de Médecine de Belgique, Etc. Extrait du *Bulletin de l'Académie Royale de Médecine*, 3e Série t. XV., No. 6. Bruxelles: Libraire, H. Manceaux. 1881. From the Author.





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# ST. LOUIS CLINICAL RECORD

*A Thoroughly Independent Medical Journal.*

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ST. LOUIS, SEPTEMBER, 1881.

NO. 6.

## Original Lectures.

### *EUCALYPTOL.*

*The Etherial Oil of the Leaves of Eucalyptus Globulus; Its Uses in Medicine and Surgery.*

BY LOUIS BAUER, M. D., M. R. C. S., ENG.,  
Professor of Surgery in the St. Louis College of Physicians and Surgeons, Etc.

Eucalyptus Oil has been known and used as a remedial agent in Europe, for the last fifteen years. Its high price has interfered with its general use, and even now, the same cause hinders its rapid introduction into practice. Like all powerful drugs, it has found its warm advocates and also its adversaries.

But since Eucalyptol has been recognized as a more reliable and agreeable, and at the same time less dangerous antiseptic than carbolic acid, and since Professor Lister has emphatically indorsed and adopted it, the interest of the profession in all relating to it has been commensurately increased.

My attention was first called to its therapeutic virtues by Professor Mosler, of Germany, and I then resolved to enter upon a course of experimental investigations. Unfortunately, I have been unable to find leisure for the elaboration of the subject, and, therefore, I have had to content myself with giving it a trial as opportunity offered. On the whole, I can but confirm the observations of Mosler and others, and must confess that I am most favorably impressed with the action of this drug.

Although I have failed to carry my original design into effect, I will do the next best, by acquainting you with the results of the latest investigations into the subject in foreign lands.

Dr. Hugo Schultz\* of the university of Bonn, in Prussia, has just published a pamphlet on "Eucalyptus Oil." He has not only collected the literature on the subject, but he has gone over the entire field with that thoroughness which is peculiar to the German mind. In addition, he has instituted numerous experiments to elucidate the action of this interesting substance. By the aid of this literary auxiliary, I am enabled to render you cognizant of all which is thus far known about the subject.

The author devotes more time and space to the physico-chemical characters of the oil than we have at our command on this occasion. We must refer those who wish to study the subject *ex fundemento* to the original work itself.

The impression prevails that the tree of *Eucalyptus globulus* gives protection against malaria. Prompted by this idea, the French government has commenced its cultivation in the south of France and in Algeria, and the Italian authorities have adopted similar measures to improve their swamp lands. Future observations will decide as to the hygienic virtues of this tree.

From a perusal of the literature of the subject, and taking merely the opinions of such writers as are favorably impressed with the therapeutic properties of Eucalyptus

\*Das Eucalyptusöl pharmalogisch und klinisch dargestellt. Bonn: Cohn & Sohn, 1881.

Oil, it would seem that it constitutes one of the most serviceable remedies in the physician's armory.

In the European markets several qualities of the oil are offered for sale, all more or less impure. Some of them had to be prepared for use by re-distillation. Cloez subjects the crude article first to the action of caustic potash and a solution of calcium chloride, and subsequently to distillation. The result is a colorless, transparent oily fluid, with an aromatic odor. Its specific gravity is 0.905; it boils at 170 to 175° F. The substance thus prepared he calls "Eucalyptol," by which term it is now generally known in Europe.

I am not aware that any brand of the article has been imported into the United States other than that of Sander & Sons, of Sandhurst, Australia. The Eucalyptus is indigenous to that part of the world, and grows there in great profusion. The article furnished by this firm, corresponds exactly in its chemico-physical properties to the Eucalyptol of Cloez, and it is this importation that I have employed in my clinical tests.

With the view of ascertaining the physiological effects of Eucalyptol, Gimbert, Seitz, Siegan, Schultz, and others have taken ascending doses of the article; Schultz as much as ten grms. (= two and a-half fluid drachms) at one time.

Eucalyptol never interfered with digestion, excepting acting as an appetizer.\* Only exceptionally it produced ephemeral nausea; soon after it was taken, a sensation of heat was experienced in the mouth, fauces, pharynx, and in the stomach, followed by dryness. A constant effect was a certain by no means disagreeable lassitude and irresistible drowsiness. The sleep following was quiet and refreshing, and susceptible of interruption. For hours afterwards the breath was redolent with the peculiar aromatic odor of the drug, and the urine had

the odor of violets. No albuminuria was to be detected.

The concentrated alcoholic tincture of Eucalyptus leaves, was taken by Seitz in drachm doses. It increased the temperature of the body, and eventually gave rise to slight perspiration. The head felt heavy and as if a band encircled it tightly. The secretion of mucus was augmented in the mouth and pharynx, followed by eructations and dryness. No derangement of digestion was noticed, nor was there any material increase in the secretion of urine.

The elimination of the oil is principally effected by the lungs and bowels; it may take several days before the Eucalyptol disappears from the breath or stools. The skin and kidneys are engaged only remotely in its removal from the body. Sometimes artificial heat must be applied before the violaceous odor becomes noticeable.

One case, however, is mentioned by Mees, in which albumen was discharged under the use of Eucalyptol in malaria. In this instance, albuminuria may have pre-existed; and this symptom may be attributed more rationally to the disease than to the therapeutic agent employed.

Some experiments have been instituted with reference to the *external effects* of the oil. They all show that the drug produces an irritating action upon the healthy epidermis. The raw oil causes a burning sensation, erythema and blisters; the Eucalyptol produces no burning, only a slight reddening of the skin, and a miliary eruption, which manifestations disappear very gradually.

Dr. Schultz noticed a consecutive effect, for which he can offer no explanation, viz: Fourteen days after the termination of the cutaneous changes evoked by the oil, he observed upon himself a new erythema over the chest which recurred every evening, gradually spreading along the course of the lymphatics (like erysipelas), towards the back and down the inner aspect of the thighs, where it became fixed and covered with

\*Eructations, however, followed, sometimes persisting for hours.

acneform pustules. These singular phenomena died out by degrees in about four weeks.

*The temperature under the action of Eucalyptol.*—Gimbert and Siegan claim that animal heat is reduced by this agent. This has been proven experimentally—by Siegan upon himself. Between 1:45 and 6 o'clock P. M., he took one hundred drops of the oil. The physiological rise of six-tenths of a degree (C.) not only did not occur, but there was a fall of two-tenths of a degree below the normal standard. The total reduction, therefore, amounted to eight-tenths of a degree. A second experiment exhibited a depression of six-tenths of a degree. According to Siegan, quinine falls short of Eucalyptol in this regard. These observations have been confirmed by Liebermeister\* and Jurgensen.\*\* The former administered a dose of quinine of 2.4 grams (= 37 grains), producing all the collateral symptoms usual to the action of this drug; but no reduction of the temperature after seven hours. The latter observed no change in the bodily heat after the administration of 7.2 grams (= 111 grains) of quinine, given in solution within thirty-two hours. Wachsmuth† makes a similar statement. The comparative experiments, made by Schultz, upon six rabbits, are entirely confirmatory of those referred to; while the temperature was kept below the normal in three which had received subcutaneous injections of half a gram (= 7 or 8 drops) of Eucalyptol.

*Effects of Eucalyptol upon the organic elements of the blood.*—On exposing the blood of the frog to the vapors of Eucalyptol, the following changes are observed to take place under the microscope: Increasing clearness of the nuclei of the red corpuscles, radial folding of the protoplasm from the nucleus towards the periphery; gradually the cell elongates, when isolated, and assumes the shape of a rhombus; when grouped, they appear as if converted into endothelium. A

small drop of Eucalyptol placed upon the edge of the slide destroys the corpuscles but leaves the nuclei.

Rabbit blood is darkened by Eucalyptol, and the corpuscles are rendered uneven (crenated) at their edges. The spectroscope reveals (1) a marked difference between the blood of cold, and warm-blooded animals. The blood of frogs poisoned by Eucalyptol, exhibits the stripes of oxyhæmoglobin, while the blood of mammals, mixed with a trifling amount of the same substance, soon turns dark and coagulates.

Schlaeger states that the action of Eucalyptol obliterates all apparent differences between arterial and venous blood, according to this observer, arterial blood immediately loses its bright color when shaken up with Eucalyptus oil. (2) The effects of Eucalyptol upon the white corpuscles are more prominent. Both Mees and Binz have obtained the same results in this regard. The former immediately annihilated the contractility of these cells by the addition of one-tenth of one per cent. of Eucalyptol, and in fifteen minutes, by one-fifteenth of one per cent. Artificial heat failed to revive them. In this particular, Eucalyptol produces the same effects upon the leucocytes as quinine.

Another very interesting experiment was made by Mees. He exposed the mesentery of a curarized frog to the vapor of Eucalyptol. The circulation remained normal. After twenty-four, and even forty-three hours, there was no inflammation, nor was there any collection of white blood-corpuscles upon the walls of the vessels, nor any emigration of them; whereas, all these pathological changes were observed in other frogs prepared in the same way except the exposure to the action of this agent. These observations have been fully verified by Binz. Consequently Eucalyptol possesses most valuable virtues as an anti-phlogistic and as a powerful restraint upon suppuration.

*The action of Eucalyptol upon the spleen.*

—The analogy between the actions of Eucal-

\*Archive f. Klin. Med. 1876.

\*\*Die Körperwärme, etc., Leipzig, 1878.

†Archiv d. Heilkunde, 1868.

yp tol and quinine, has induced Mosler to test its efficacy in reducing the volume of the spleen. His anticipations were fully realized. In his experiments he made use of the extract of the leaves, by the mouth and subcutaneously. He selected dogs as subjects, opened the abdominal cavity and took accurate measurements. During these experiments, the spleens were measured every hour. In four of these tests, the results were proportionate to the amount of the drug employed. That is to say, the size of the organ decreased in all its dimensions, its substance became denser and firmer, the surface assumed a slate color and more or less covered with granulations, some of them as large as lentils. Mosler has elicited the same changes by the use of quinine in a similar manner. Other experimenters have verified these observations.

*Action of Eucalyptol upon the heart, blood-vessel and respiration.*—Numerous experiments by Schlaeger clearly demonstrate that the action of the heart and the blood-pressure are diminished by Eucalyptol, not only in man and in the mammalia generally, but likewise in the amphibia. In a frog, for instance, the action of the heart was reduced, by the subcutaneous injection of one centigram (1-6 of a grain), from 48 per minute, at 10:37 o'clock A. M., to 8 beats per minute, at 4 P. M.; respiration having come to a stand-still while the heart was still contracting 28 times to the minute. Its action upon the heart and lungs explains the conversion of arterial into venous blood under its use.

*Action of Eucalyptol upon the nervous system.*—The general effects of this agent upon the nervous system are obviously depressing. It reacts upon the spinal cord when given in small quantities, and its action extends to the brain only when large doses are employed. Motor apathy and indisposition to mental effort are the inseparable results of the large doses in man. In animals, the effects are still more pronounced. Paralysis of motion supervenes, the vital

functions grow weaker, and death ensues from sheer exhaustion. Gimbert affirms that the mere inhalation of Eucalyptol vapors produced paralysis in certain of the lower animals. Grisar and Schultz have furnished the most striking proofs of its paralyzing effects upon the reflex centers of the nervous system, by their experiments with *brucine*, the alkaloid of the St. Ignatius bean. This substance causes tetanic spasms of all the voluntary muscles which terminate only in death when it is administered in comparatively small doses. But if Eucalyptol has been previously injected the *brucine* develops only slight manifestations, and the animals experimented upon recover their full motor powers. Introduced in this way, the two drugs antagonize each other. Since Eucalyptol is absorbed but slowly, it is probably not available as an antidote in *brucine* poisoning.

[To be concluded in October number.]

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## Necrological.

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### PROFESSOR JOSEPH SKODA.

Compiled from the German for THE CLINICAL RECORD  
by FELIX SPINZIG.

The multitude of mourning disciples who paid Rokitsansky the final tribute of honor by accompanying his remains to the grave at the Harnalser cemetery, numbered thousands. But was there one, of all of them nearer and more intimately related to the Nestor of the Vienna Medical School than Skoda. Greatly depressed from physical and mental distress, he yet gave the final escort to his friend. When friends surrounded his vehicle, and, they themselves in sorrowful mood, attempted to console him, he replied in his calm and always impressive manner: "Why must I still live?" But now has also ended this inquirer. Yet, Skoda's and Rokitsansky's name will be mentioned as long as medical science and scientifically trained physicians exist. Also will this twin couple live for ever! One of them

without the other is inconceivable ; for there never have been scientific friends who criticised one another so rigorously and could assist one another in their achievements so well as these two.

Rokistanky defined the forms of diseases in the dead body. Skoda, however, transferred the experience collected by his friend in the dissecting room relating to the origin and prognosis of maladies, to which the human organism is subject, to the clinical halls in the domain of practical medicine, and indicated the physical signs by means of which the morbid disturbance is diagnosed in the living body.

In case of a fatal termination he was criticised, as we know, by a most strict and impartial judge, namely, by Rokitansky, who, in the halls of post mortem examination, was the only recognized authority, and who could never be induced to gloss over an incorrect diagnosis made at the clinic. Skoda would not even have desired it, but would only have wished it to be exposed. Prior to Skoda the practitioner was dependent upon the statements of the patient which are frequently of the most confusing nature, and upon symptoms visible to the eye for nosological definitions. How far from being reliable were diagnoses in cases of children where the patient was not in a condition to answer the questions of the examiner, or as is frequently the case by persons in servitude who are unwilling to give information, there is no occasion to argue. Auscultation and percussion prior to his era were altogether primitive.

The defectiveness of diagnosis resulting from the various statements of patients was already perceived by Auenbrugger (1722-1809), who discovered examination by percussion and likewise by Laënnec (1781-1826) by whom auscultation was introduced. It was Skoda's merit that these methods were employed and perfected to such a degree, that one could verify the coherence of certain respiratory sounds and precise percussion tones within definite regions with the

corresponding malady of the affected organ. This he accomplished with almost mathematical accuracy.

Having thus obtained his ideas relative to internal diseases from Auenbrugger and Laënnec, he nevertheless soon pronounced or recognized many observations from both as faulty and defective ; many conclusions drawn by both as incorrect and illogical.

The first edition of Skoda's principal work "Treatise upon Auscultation and Percussion," appeared forty-two years ago, or in 1839. This must be looked upon as the foundation stone of modern exact diagnosis. At first Skoda's noted discoveries and precepts were quite disregarded, but soon, individually, physicians were attracted thereto, and subsequently the number of these increased rapidly. After a short period old and young met from all nations to hear Skoda, to work and study under his immediate guidance.

His personal appearance was in no way of a worldly elegance, nay, scarcely apt to awaken immediate sympathy in him who was ignorant of the great man's brilliant faculties of mind.

Thorny was the path that led the son of an honored locksmith in Pilsen, Bohemia, to the zenith of medicine. He was born on the 10th of December, 1805, and went to Vienna in his twentieth year, where he studied, and obtained the degree as doctor of medicine in 1831. Bohemia had then a visitation of the cholera, and he being apparently very needy, saw himself obliged to accept a rather fair compensated, but very trying position as district physician during the epidemic. After the epidemic had subsided he returned to Vienna and entered the "Allgemeines Kranken-Haus," as assistant physician. From this period dates his scientific activity. In the year 1835, we see him already surrounded by eager disciples whom he introduced into the mysteries of physical exploration, for which he was mocked and ridiculed by his superiors in charge of the "Kranken-Haus." He

was maliciously designated with regard to his work on the employment of the stethoscope as "the master of the bugle" (*meister von "Posthoerndl!"*)

His great work just mentioned remained unnoticed by those whose competency of judgment is usually not doubted. And after many of his disciples were honored with positions and distinctions, amongst whom we shall mention Oppolzer, Jaksch, Dietrich, Loebel and Hammernik, he, in 1840, was appointed, after a term of office of nine years, to the modest position of directing physician for the newly established department for pectoral diseases. But, finally, he was elevated to the rank of chief physician of the "Algemeines Kranken-Haus."

He was appointed professor in the year 1846, but only after fifteen years of painful striving. While on the contrary there are, at the present day, men who would not bear a comparison with Skoda. Yet, frequently they see their triennium as private instructor (*Privat-Docent*) gloriously terminate with the appellation of professor. However long Skoda was in obtaining his title, he had contributed the principal part to the luster of the Vienna medical school. When the Academy of Science was founded in 1848, he was admitted to its membership and, later, obtained the title of "Counsellor of the Court," after he was called upon to act as consulting physician in the medical treatment of the Empress; and in 1861, he received, after an experience of thirty years, in the cause of science and humanity the order of the "Iron-Crown," third class. Owing to ill health, he resigned his professorship in the year 1871, and retired. On this occasion he was honored by his loving students, physicians and disciples with the most brilliant torchlight procession that Vienna ever witnessed, also with the "Comthurcross of the Franz Joseph Order."

As a practicing physician, Skoda was highly esteemed, and rather—feared. He was not a fashionable man who is skilled in advertising sugar-coated pills; but those in

misery knew that Skoda's diagnoses were exact and his unceremonious manners were received with a good grace. Skoda was always a friend of humanity and cared like a father for his students, and to them he donated large sums. He also assisted the benevolent association of the Physicians of Vienna. He died unmarried, science occupied him so completely, that no space was left for the happiness of family life. In his later years he suffered greatly from gout, complicated with an affection of the heart. The latter gradually grew more painful and oppressive, until at half-past one o'clock P. M., June 13th, this great man succumbed to one of those maladies the study of which had been the task of his life.

## Translations.

[Translated for the CLINICAL RECORD.]

**HYSTERIA IN MAN.**—Dr. F. Rebatel reports an interesting case of typical hysterio-epilepsy (*Lyon Medical*, April 11, 1880), in a man aged 23 years. He was short in stature; nervous temperament extremely well marked and of neurotic descent—his father having died insane (perhaps of general paresis) and his mother having suffered from frequent nervous attacks. Although his general health was passably good, he was a hypochondriac, and thought he had symptoms of some new disease each morning. He showed signs of religious exaltation, but no psychical disturbances, properly speaking. Some months before, he had entered an establishment of the Brothers, having tired of worldly affairs.

He was admitted to hospital for a psoriasis localized about the knees. Here, without appreciable cause, he was taken with nervous attacks which were repeated at intervals, supposed to be epileptic in character.

Before the attack, the patient complained of a feeling of sharp constriction of the throat; then, after some noisy expirations accompanied by anxious movements of the

hands towards the larynx—as if to tear away some foreign body—he was taken with an exaggerated contraction of all the muscles of the posterior portion of the trunk, in such a manner as to bend the body so as to describe the arc of a circle so that it touched the bed only by the head and heels. While in this position, rapid movements of projection of the pelvis occurred, the head was thrown from side to side, the arms beat the air right and left, and force had to be used to keep him upon his bed. This is the period of the hystero-epileptic crisis, called by Charcot, that of *clonism*.

Pressure upon the left testicle was tried, to see if it would not arrest the paroxysm; but it seemed to have the contrary effect. The patient soon became quiet, and showed only a little hebitude as a consequence.

This attack could not be confounded with one of epilepsy, for there was no initial cry, no foaming at the mouth, no tonic contractions, no absolute loss of consciousness—the patient feeling his attack coming on, remembered all about it and during its entire duration preserved a certain amount of his intelligence.

These attacks were repeated several times for three or four days, but they could not be prevented at will by pressure upon either testicle. They rapidly disappeared after he was put on bromide of potassium.

On careful investigation, it was found that there was absolute anæsthesia of both arms, face and trunk—in fact of the entire upper half of the body. A pin could be pushed through a fold of the skin without the patient perceiving it. The lower half of the body preserved its sensibility intact, and the transition from the sensitive to the anæsthetic parts was sudden.

The application of metallatherapy by means of bracelets formed of gold pieces, to the arms produced a return to ordinary sensibility in ten minutes. A few insensible places remained only upon the trunk. After a few applications, the return of sensibility became permanent, although the return was

not complete. On pricking the skin, it was not perceived as pain until the deep layers were reached. While in this condition the patient claimed his discharge, and passed from observation.

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DEFINITION OF A MIRACLE.—The *Deutsche Zeitung* seeks to explain to us what a miracle is. The scene takes place in a village school.

The inspector to a pupil—"What is a miracle?"

Pupil—"I don't know."

"If, all at once, the sun should shine out in the night, what would you say?"

"I should say it was the moon."

"But if you are told it is the sun, what would you call it?"

"A lie."

"But you know I never lie; now, suppose that I should tell you it was the sun, what would you say then?"

The pupil, after reflecting a little: "I should say you were drunk."—*Lancette Belge*.

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GIANTS AND DWARFS.—(*Revue d'Anthropologie*.) The following is from the London *Times* of last year:

"A committee of the London Anthropological Institute has been appointed to report on three persons who have been on exhibition at the Royal Aquarium, whose stature is very abnormal.

The first is a Chinese, named Chang, thirty three years of age, who measures eight feet and two inches in height; sixty inches around the waist, and weighs 320 pounds. He is educated and speaks five languages. His type is Mongolian and his features express good nature.

The second is a Norwegian, named Brustad, aged thirty-five years, whose stature reaches seven feet nine inches, his weight 340 pounds.

The third, a dwarf, is named Chermach; he is forty-two years old, and is twenty-five inches in height. He speaks English fluently,

gives a description of himself to his visitors and recites a Chinese elegy for them. He is the smallest dwarf ever seen."

In this the *Times* is in error, the smallest known is cited by Buffon from Birch, and measured forty-three centimeters ( $= 16\frac{3}{4}$  inches) at thirty-seven years of age. Another, Jeffery Hudson, aged twenty years and measuring the same, is celebrated. He was presented by the Duchess of Buckingham to Queen Henriette Marie, of France. At the end of a dinner, he used to leap out of a pie, armed from head to foot, and sword in hand he would parade the table.

On the other hand, the greatest of the giants are the famous Finlander Caianu, who attained two meters, eighty-three c. m. ( $= 9$  feet, 3 inches), an Austrian giant of two meters, 55 c. m. ( $= 8$  feet, 4 inches), of whom a cast of the leg bone figured at the exposition of anthropology in 1878, and the Kalmuck, Ivan Louschkin, whose bones are in the Orfila Museum at Paris, who was two meters, 54 c. m. ( $= 8$  feet,  $3\frac{3}{4}$  inches) in height.

**BORACIC ACID POISONING.**—The prevailing opinion is favorable to the use of boracic acid in catarrhal affections of mucous membranes. Nobody apprehends poisonous efforts from this remedy. Mododewkow, of Moskow, relates two cases of fatal poisoning which are well calculated to disturb the assurance of safety in the use of boracic acid. A patient with a pleuritic exudation was tapped, and the cavity subsequently washed out by injections with a five per cent. solution of the acid, a part of which was allowed to remain in the pleural cavity.

A similar operation was performed upon a lumbar abscess.

Both patients soon complained of nausea, followed by incessant vomiting and hiccup. An erythema appeared in their face, whence it rapidly extended over the trunk and extremities. The temperature was but passingly increased and sunk to  $36^{\circ}$  C.

The pulse became filiform, and cardiac paralysis supervened with symptoms of utter exhaustion. The autopsy of the second patient exhibited punctated ecchymoses upon the anterior wall of the right ventricle, otherwise nothing remarkable. Morphine exercised no control over the emesis. The mind of the patients was at no time clouded.

**IODOFORM INTOXICATION.**—In the same journal (*Centralblatt für Chirurgie*, Oct., '81), A. Henry relates two cases of intoxication with iodoform, both terminating fatally, under symptoms of coma, aphonia, paralysis of sphincters, retracted abdominal walls and accelerated pulse. In one case more than 100 grms. of iodoform had been used. The threatening symptoms came on the second day, and death on the sixth. In the other, the danger appeared on the ninth day and death ensued on the sixteenth. The autopsy revealed no other cause of death.—*L. B.*

**TOBACCO SMOKE.**—(Dr. Le Bon, in *Gaz. des. Hôpitaux*). Nicotine is not the only toxic principle contained in tobacco smoke. Besides nicotine, a notable proportion of Prussic acid is found, and another alkaloid, *collidine*. The later is as dangerous as nicotine and apparently acts in the same way. The twentieth of a drop of collidine quickly killed a frog, first producing symptoms of paralysis. This alkaloid appears as a liquid, having an agreeable and penetrating odor. Before finding it in tobacco smoke, its presence had been noticed among the products of distillation of divers organic matters, without, however, any hint as to its physiological properties.

In addition to these three principles, a notable proportion of carbonate of ammonia, carbonic oxide and acid, several tarry products and coloring matters have been pointed out.

To the Prussic acid are due the vertigo, headache and nausea produced by certain kinds of tobacco, which are poor in nico-

tine; while others, rich in nicotine, produce no such symptoms. The proportion of Prussic acid varies with the kind of tobacco employed, most being found in those from Havana and the Levant.

Combustion destroys but little of the nicotine, almost all of it passes off in the smoke. According to Dr. LeBon's researches, we must estimate the quantity of nicotine absorbed by the smoker at one and a-half per cent. of the tobacco consumed. Ammonia is absorbed in nearly the same proportion.

Tobacco smoke contains very nearly eight litres (over 400 cubic inches), of carbon monoxide, for each 100 grams (1,543 grains) of tobacco burned. But the author's experiments authorize him to deny the importance lately attached to this product of combustion by the Germans. According to him, it is not to this that the hurtful effect of the use or abuse of tobacco is to be attributed.

The author's final conclusion is as follows: Among the most certain of the effects of tobacco smoking upon man, are visual disturbances, palpitations, tendency to vertigo and above all, diminution of the memory.—*Lyon Medical*.

CHLORAL AND CAMPHOR.—Dr. D. B. Simons, having seen a case of poisoning by a mixture of equal parts chloral, hydrate and camphor, thought of employing the same preparation in medicinal doses. Twenty drops of this mixture, given in a mucilaginous potion, calmed an attack of acute mania. He thinks this combination might be made use of in hydrophobia, tetanus and delirium tremens. Camphor and hydrate of chloral, thus associated, act with much greater energy than separately.—*Lyon Medical*, from *Revue des Sciences Médicales*, April 15, 1881.

TREATMENT OF ACUTE ARTICULAR RHEUMATISM.—Dr. Carpini (*Annali Universali di Med. e. Chir.*, 1881, Nos. 1 and 2), has reached the following conclusions:

1. Salicylate of soda is indicated in cases of acute polarthritic rheumatism, when the joint symptoms are very well marked.

2. Quinine is the best remedy and the most prompt in its effects, when it is presumed to be of malarial origin, or when it is complicated by malaria.

3. Benzoic acid or benzoate of soda is suitable for such cases as are complicated by nephritis.

4. Blisters are the surest treatment if the rheumatism is confined to one joint, or if the affected articulations are few in number.

The author gives the following as contra-indications to the use of salicylate of soda: 1. Grave affections of the heart. 2. Persistent gastric disturbances. 3. Renal complications; not that the salicylate produces nephritis, but it aggravates renal affections. Hence, before it is prescribed, the urine should be examined. Salicylate of soda should be given only with the greatest precautions to infants, to the aged, or to those enfeebled by long sickness.—*Lyon Medical*.

BACTERIA OF TUBERCULOUS LEPROSY.—*Le Progrès Medical*, June 18, 1881). In the Medical Society, as at the Academy of Medicine (Paris), as well as the Society of Biology, the question of micro-organisms is the order of the day. M. Cornil, has in fact, given a very instructive communication on the bacteria of tuberculous leprosy.

It has not been forgotten that Hansen has already described these bacteria, which M. Cornil has been able to study anew in hardened specimens which he has brought from Spain. These bacteria, which are seen in the form of isolated rods, or collected into bundles, surceptible of being colored by indigo-violet, have been found in the constituent cells of the tubercles of leprosy, and in certain of the viscera, the liver and nervous trunks. The epidermic layers did not contain them. M. Cornil insists upon the importance of this pecu-

liarity, from the point of view of the contagiousness of leprosy. The parasitic nature of the disease may explain, in a measure, the results of certain antiseptic medication which has been tried, not without results. Thus, M. Labbé, has found remarkable amelioration in the condition of a patient in his service at the *Maison de Santé*, under carbolized injections repeated daily.

**BICARBONATE OF SODA IN TONSILITIS.**—*La Presse Méd. Belge*, July 17, 1881). Dr. Giné, Professor of Clinical Surgery at Madrid, states that bicarbonate of soda, applied topically and repeatedly to the tonsils, is of incontestable efficacy in quinsy. The remedy may be employed by insufflation through a paper tube, or may be applied by the finger, even by the patient himself. Dr. Giné has rapidly cured dozens of cases by this procedure. In no single case was the application entirely without effect; most commonly a cure was obtained in twenty-four hours. Alleviation took place, ordinarily, at once. In none of his cases was it necessary to wait long for relief.

But he especially recommends this remedy in the prodromic period to abort the disease. Dr. Giné considers tonsilotomy for enlarged tonsils as an entirely useless operation, for this affection is always overcome in a relatively short time by the frequent application of bicarbonate of soda.

## Proceedings of Societies.

### INTERNATIONAL MEDICAL CONGRESS OF LONDON.

The seventh biennial session of this character was opened in St. James' Hall, London, on August 2, 1881. About 3,000 delegates from every civilized country were present, Sir Wm. Jenner, President of the Royal College of Physicians, and *ex officio* Chairman of the General Committee, took

the chair, and made a few congratulatory remarks.

Mr. Wm. MacCormac, Honorary Secretary, read the report of the Executive Committee, announcing the arrangements made for the meetings.

Sir J. Risdon Bennett proposed the adoption of the Constitution of the Congress, and acceptance of the list of officers nominated by the committee. He also, in both English and French, welcomed the delegates. The motion was seconded by Prof. Donders (of Utrecht), President of the Congress of 1879; carried by acclamation.

The commemorative medal was then presented to the Prince of Wales who, the newly elected President, Sir James Paget, having taken the chair, then delivered an address which was loudly cheered, but which offers no points of especial interest.

The President delivered the inaugural address, from which we make the following extracts:

"It is not necessary to defend the meeting of an International Congress. Such meetings have become one of the general customs of our time, and have thus given evidence that they are generally approved. But we rather suggest to you some thoughts as to the work which, being in Congress, we have to do, and the spirit in which it may best be done, so that the good effects of our meeting may last long after our parting."

Although he expected much from the formal work of Congress, he thought greater results would accrue from the casual conversations of the members thus brought together from every clime, and enabled to interchange their views. "And with this interchange will be a larger increase, for in the mart of knowledge he that receives gains, and he that gains retains, and none suffer loss."

After alluding to the great variety of minds there congregated, and the endless complexity of the problems presented to the physician in practice and the different conditions brought under observation in the various parts of the world, he said: "Now from these various opportunities of study, men are here in Congress. Surely, whatever a multitude and diversity of minds can,

in a few days, do for the promotion of knowledge may be done here. Every one has something he may teach, much more than he may learn; and, in the midst of an apparent utter confusion, knowledge will increase and multiply. It has been said, indeed, that truth is more likely to emerge from error than from confusion and, in some instances this is true; but much of what we call confusion is only the order of nature not yet discerned; and so it may be here. Certainly, it is from what seems like the confusion of successive meetings such as this that that kind of truth emerges, which is among the best moving and directing forces in the scientific as well as in the social life—the truth which is told in the steady growth of general opinion.”

After speaking of the potency for good of the examples of those who had been successful in research, and the clearer apprehension of the views of others attained by personal acquaintance, he spoke in general terms of the work laid down in the official programme. He spoke of the desirability of discussion of questions, the comparison of the views of many, so that the personal element might be eliminated from observed facts, and of the “utility even of error.” He said: “We may not, indeed, wish for a prevalence of errors; they are not more desirable than are the crime and misery which evoke charity. And yet in a Congress we may palliate them, for we may often read in history, errors, like doubts and contrary pleadings, serve to bring out the truth, to make it express itself in clearest terms and show its whole strength and value. Adversity is an excellent school for truth as well as for virtue.”

He spoke of the mental pliancy and readiness for variation which is essential to all scientific progress, because after every change in knowledge or belief there must ensue a change in some of the conditions of thinking and of working. Hence “for all progressive science there must be minds that are young whatever may be their age.” The following was offered in illustration of this truth:

“Just as the discovery of auscultation brought to us the necessity for a refined cultivation of the sense of hearing, which was before of only the same use in medicine as in the common business of life; or, as the employment of the numerical method in estimating the value of facts required that minds should be able to record and think in

ways previously unused; or, as the acceptance of the doctrine of evolution has changed the course of thinking in whole departments of science; so it is, in less measure, in every less advance of knowledge. All such advances change the circumstances of the mental life, and minds that cannot or will not adjust themselves, become less useful, or must, at least, modify their manner of utility. They may continue to be the best defenders of what is true; they may strengthen and expand the truth, and may apply it in practice with all the advantages of experience; they may thus secure the possessions of science and use them well, but they will not increase them.

“It is with minds as with living bodies. One of their chief powers is in their self-adjustment to the varying conditions in which they have to live. Generally those species are the strongest and most abiding that can thrive in the widest range of climate and of food. And of all the races of men they are the mightiest and most noble who are, or by self-adjustment can become, most fit for all the new conditions of existence in which by various changes they may be placed. These are they who prosper in great changes of their social state; who, in successive generations, grow stronger by the production of a population so various that some are fitted to each of all the conditions of material and mode of life which they can discover or invent. These are most prosperous in the highest civilization; these whom nature adapts to the production of their own arts.

“Or, among other groups, the mightiest are those who are strong alike on land and sea; who can explore and colonize, and in every climate can replenish the earth and subdue it; and this not by tenacity or mere robustness, but rather by pliancy and the production of varieties fit to abide and increase in all the various conditions of the world around.

“Now, it is no distant analogy that we trace the likeness between these in their successful contests with the material conditions of life and those who are to succeed in the intellectual strife with the difficulties of science and of art. There must be minds which in variety may match with all the varieties of the subject-matters and minds which, at once or in swift succession, can be adjusted to all the increasing and changing modes of thought and work.

“Such are the minds we need; or, rather,

such are the minds we have; and these in great meetings prove and augment their worth. Happily the natural increase in the variety of minds in all cultivated races is—whether as cause or as consequence—nearly proportionate to the increasing variety of knowledge. And it has become proverbial, and is nearly true in science and art, as it is in commerce and in national life, that, whatever work is to be done, men are found or soon produced who are exactly fit to do it.

In order to prevent the discord and great waste of power occasioned by dissimilar and independent minds being dispersed in different fields of study, or only gathered into self-assorted groupes, arises the need for occasional meetings for conference and mutual criticism—hence meetings like this one for the promotion of ‘the whole science and whole art of healing.’”

Relative to specialism, he said: “For the partial separation of medicine, first from the other natural sciences, and now into sections of its own, has been due to the increase of knowledge being far greater than the increase of individual mental power. I do not doubt that the average mental power constantly increases in the successive generations of all well-trained peoples, but it does not increase so fast as knowledge does, and thus, in every science, as well as in our own, a small portion of the whole sum of knowledge has become as much as even a large mind can hold and duly cultivate. Many of us must, for practical life, have a fair acquaintance with many parts of our science, but none can hold it all; and for complete knowledge, or for research, or for safely thinking out beyond what is known, no one can hope for success unless by limiting himself within the few divisions of the science for which, by nature or by education, he is best fitted. Thus our divisions into sections is only an instance of that division of labor which, in every prosperous nation, we see in every field of active life, and which is always justified by more work better done.

\* \* \* \* \* In truth, the fault of specialism is not in narrowness, but in the shallowness and the belief in self-sufficiency with which it is apt to be associated. If the field of any specialty in science be narrow, it can be dug deeply. In science, as in mining, a very narrow shaft, if only it be carried deep enough, may reach the richest stores of wealth and find use for all the appliances of scientific art. Not in medicine alone, but in every department of

knowledge, some of the grandest results of research and of learning, broad and deep, are to be found in monographs on subjects that, to the common mind, seemed small and trivial.

The following contains a useful hint for those who are always looking for the practical and who despise the merely “scientific:”

“Moreover, I would not, from a scientific point of view, admit any estimate of the comparative importance of the several divisions of our science, however widely they may differ in their present utilities. And this I would think right, not only because my office as president binds me to a strict impartiality and to the claim of freedom of research for all, but because we are very imperfect judges of the whole value of any knowledge, or even of single facts. For every fact in science, wherever gathered, has not only a present value, which we may be able to estimate, but a living and germinal power of which none can guess the issue.

“It would be difficult to think of anything that seemed less likely to acquire practical utility than those researches of the few naturalists who, from Leeuwenhoeck to Ehrenberg, studied the most minute of living things, the vibrionidæ. Men boasting themselves as practical might ask, ‘What good can come of it?’ Time and scientific industry have answered, ‘This good: these researches have given a more true form to one of the most important practical doctrines of organic chemistry; they have introduced a great beneficial change in the most practical part of surgery; they are leading to one as great in the practice of medicine; they concern the highest interests of agriculture, and their power is not yet exhausted.’

“And as practical men were, in this instance, incompetent judges of the value of scientific facts, so were men of science at fault when they missed the discovery of anæsthetics. Year after year the influences of laughing-gas and ether were shown; the one fell to the level of the wonders displayed by itinerant lecturers, students made fun with the ether; they were the merest practical men, looking for nothing but what might be straightway useful, who made the great discovery which has borne fruit not only in the mitigation of suffering, but in a wide range of physiological science.

“The history of science has many similar facts, and they may teach that any man will be both wise and dutiful if he will

patiently and thoughtfully do the best he can in the field of work in which, whether by choice or chance his lot is cast. There let him at least search for truth, reflect on it and record it accurately; let him imitate that accuracy and completeness of which I think we may boast that we have in the descriptions of the human body, the highest instance yet attained in any branch of knowledge. Truth so recorded cannot remain barren.

After stating that in the Sections "there is to be no use of doctrinal touchstones," he spoke thus of theories and dogmas:

"I am speaking of no science but our own. I do not doubt that in others there is advantage in dogma, as in the guidance of a central organizing power, or in divisions and conflicting parties. But in the medical sciences I believe that the existence of parties founded on dominant theories has always been injurious; a sign of satisfaction with plausible errors, or with knowledge which was even for the time imperfect. Such parties used to exist and the personal histories of their leaders are some of the most attractive parts of the history of medicine; but, although in some instances an enthusiasm for the master-mind may have stirred a few men to unusual industry, yet very soon the disciples seem to have been fascinated by the distinctive doctrine, content to bear its name, and to cease from active scientific work. The dominance of doctrine has promoted the habit of inference, and repressed that of careful observation and induction. It has encouraged that fallacy to which we are all too prone, that we have at length reached an elevated, sure position on which we may rest, and only think and guide. In this way specialism in doctrine or in method of study has hindered the progress of science more than the specialism which has attached itself to the study of one organ or of one method of practice. This kind of specialism may enslave inferior minds; the specialism of doctrine can enchant into mere dreaming those that should be strong and alert in the work of free research."

For these reasons he declared himself of the opinion that the Congress ought not to attempt any legislation or declare any general doctrines which might be used as tests and guides for future study.

Of the progress, which is the life of science, he spoke in the following terms:

"It sounds well to speak of the temple

of science and of building and crowning the edifice. But the body of science is not as any dead thing of human work, however beautiful; it is as something living, capable of development and a better growth in every part. For, as in all life the attainment of the highest condition is only possible through the timely passing-by of the less good, that it may be replaced by the better, so is it in science. As time passes, that which seemed true and was very good becomes relatively imperfect truth, and the truth more nearly perfect takes its place.

"We may read the history of the progress of truth in science as a palæontology. Many things which, as we look far back, appear like errors, monstrous and uncouth creatures, were, in their time, good and useful, as good as possible. They were the lower and less perfect forms of truth which amid the floods and stifling atmospheres of error, still survived; and just as each successive condition of the organic world was necessary to the evolution of the next following higher state, so from these were slowly evolved the better forms of truth which we now hold.

"This thought of the likeness between the progress of scientific truth and the history of organic life may give us all the better courage in a work which we cannot hope to complete and in which we see continual and sometimes disheartening change. It is, at least, full of comfort to those of us who are growing old. We that can read in memory the history of half a century might look with shame and deep regret at the imperfections of our early knowledge if we might not be sure that we held, and sometimes helped onward the best things that were in their time possible, and that they were necessary steps to the better present, even as the present is to the still better future. Yes, to the far better future; for there is no course of nature more certain than is the upward progress of science. We may seem to move in circles, but they are the circles of a constantly ascending spiral; we may seem to sway from side to side, but it is only as on a steep ascent which must be climbed in zigzag.

"What may be the knowledge of the future none can guess. If we could conceive a limit to the total sum of mental power which will be possessed by future multitudes of well-instructed men; yet, could we not conceive a limit to the discovery of the properties of materials which

they will bend to their service. We may find the limit of the power of our unaided limbs and senses, but we cannot guess at a limit to the means by which they may be assisted, or to the invention of instruments which will become only a little more separate from our mental selves than are the outer sense organs with which we are constructed."

As to the ratio of progress, he thought it should constantly increase in the future as it has within the last few years. He most earnestly impressed upon his hearers the responsibility with which they were burdened, the nobility of their calling. We cite his concluding words:

"In every truth attained, there is utility either at hand or among the certainties of the future. And this utility is not selfish; it is not in any degree correlative with money-making; it may generally be estimated in the welfare of others better than in our own. Some of us may, indeed, make money and grow rich, but many of those that minister even to the follies and vices of mankind can make much more money than we. In all things costly and vain-glorious they would far surpass us if we would compete with them. We had better not compete where wealth is the highest evidence of success; we can compete with the world in the nobler ambition of being counted among the learned and the good who strive to make the future better and happier than the past. And to this we shall attain if we will remind ourselves that as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth, utility, so in every use of it there may be charity. I do not mean the charity which is in hospitals or in the service of the poor, great as is the privilege of our calling in that we may be its chief ministers, but that wider charity which is practiced in a constant sympathy and gentleness, in patience and self devotion. And it is surely fair to hold that as in every search for knowledge we may strengthen our intellectual power, so in every practical employment of it we may, if we will, improve our moral nature; we may obey the whole law of Christian love, we may illustrate the highest inductions of scientific philanthropy.

"Let us, then, resolve to devote ourselves to the promotion of the whole science, art and charity of medicine. Let this resolve be to us as a vow of brotherhood, and may God help us in our work."

The fifteen sections met and organized. A second general meeting was held in the afternoon, at which Prof. Rudolph Virchow, of Berlin, delivered an address on the "Value of Pathological Experiments."

The illustrious pathologist made an elaborate defence of vivisection. He began by repeating what he said at the International Medical Congress of Amsterdam, two years ago: "All those who attack vivisection as a means of science, have not the least idea of the importance of the science, and much less of the importance of this aid of knowledge." He alluded to the organized opposition to this method of research, and gave a concise history of the progress of practical anatomy and its struggles against prejudice and superstition, as illustrating the present situation of affairs with reference to experiments upon living animals. The warning which we cite herewith is worthy of our thoughtful consideration.

"Were the attempt to hinder totally or in great part, researches on living animals to become successful, the same procedure which has now been entered on against vivisection, would also be commenced against mortisection. There would no longer be societies for the protection of animals, which we see opposed to us, but societies for the protection of human bodies. There would no longer be thunderings against the tormenting of animals, but against the desecration of corpses, under the standard of humanity, which is just now unfurled even for animals; there would be preached in a still more impressive manner the campaign against the barbarity of medical men. People would appeal to the feelings of the masses, to the mother on behalf of the body of her child, to the son on behalf of the dear remains of his parents. It would be proved that the dismembering of human bodies is injurious to morals and opposed to Christianity. It would be shown that the anatomy of men is useless for the treatment of disease; and perhaps there would be found ignorant or timid, or egotistical medical men, who would come forth as witnesses against science. The mildest of our opponents would perhaps propose to us the compromise that we should again make the dissection of animals the foundation of instruction. In short, we should be thrown back to the time before Mondini, before Erasistratus.

"Such thoughts are by no means the productions of an alarmed fancy. The study of history teaches us sufficiently that victorious fanaticism knows no limits. It desires to keep to the full the measure of its victories; and, even when the leaders are contented, the irritated masses press on to obtain the whole results. It is, indeed, not at all necessary for us to go back to antiquity in order to bring before our eyes the condition of such minds. In no country of modern time are there wanting examples which are recognizable by the eye; for, along with the societies against 'scientific tormentors of animals,' there exist everywhere, but mostly in a more unassuming form, brotherhoods and associations of all kinds, which labor most zealously against the scientific examination of dead bodies. It needs only an impassioned and exciting agitation, such as is now going on against the 'torture chamber of science,' to denounce to popular indignation the dissecting rooms as places where the youths under instruction are made barbarous. Whoever undertakes, with the same extravagant fancy as is now used in delineating the physiological laboratory, to describe the post-mortem examination of a man, or anatomical theater, will not fail to have readers, who will turn away with horror and amazement at the misdeeds of anatomists."

Prof. Virchow then delineated all the benefits thus far reached by means of experiments upon living animals, and the list is a long one. He concluded that there is every reason for continuing such experiments, and that it would be extremely unwise to permit them to be suppressed. His argument was a most convincing one, which the rabid opponents of vivisection will find difficult to answer.

In the evening a *conversazione* was given the foreign members in the South Kensington Museum by their English *confrères*.

A general session was held on each day, and five hours were also given up to the work of the Sections.

An address on "Medical Skepticism in the Past and Present," by Dr. Maurice Raymond of Paris, who had died after preparing it, was read by Dr. Féréol. We have seen no report of the contents of this paper, but from a knowledge of the convictions of this lamented *savant*, we presume it contained a

protest against the materialistic tendencies of much of our medical literature.

Dr. John S. Billings, of Washington, is thought by many to have given the strongest address of the Congress; this was upon "Our Medical Literature." This was a review, largely statistical, of the entire medical literature of the world. Dr. Billings spoke feelingly as a librarian, of the many difficulties encountered in ascertaining what cases are sufficiently similar to be comparable, and the resulting hindrance to the development of medical science. This difficulty he attributed largely to insufficient and erroneous records of the phenomena observed. We cite one passage to which we direct the attention of our contributors very particularly, and we shall for our own part endeavor to take heed of some of its suggestions:

"Prominent among the minor troubles of the investigator are defective or misleading titles; and, in behalf of the readers and bibliographers of the future, I would appeal to authors, and more especially to editors, to pay more attention than many of them do to the matter of titles and indexes. The men to whom your papers are most important, and who will make the best use of them, provided they know of their existence, are, for the most part, hard workers, busy men, who have a right to demand that their library table shall be provided with properly prepared materials, and not with shapeless lumps.

"The editors of transactions of societies, whether these are sent to journals or published in separate form, often commit numerous sins of omission in the matter of titles. The rule should be: that every article which is worth printing is worth a distinct title, which should be as concise as a telegram, and be printed in a special type. If the author does not furnish such a title, it is the editor's business to make it; and he should not be satisfied with such headings as Clinical Cases, Difficult Labor, A Remarkable Tumor, Case of Wound, with Remarks. The four Rules for the preparation of an article for a journal will then be: 1.—Have something to say. 2.—Say it. 3.—Stop as soon as you have said it. 4.—Give the paper a proper title."

Editorial responsibility is well set forth in the following :

"Some societies and editors do not seem to appreciate fully their responsibility for the articles which they accept for publication—a responsibility which cannot be altogether avoided by any formal declaration disclaiming it. This is due to the fact that, while the merits of a paper can usually be determined by examination, this is by no means always the case. In every country there are writers and speakers whose statements are received with very great distrust by those best acquainted with them. Supposing these statements to be true, the papers would be of much interest and importance; but the editor should remember that a certain number of readers, and especially those in foreign countries, have no clue to the character of the author, beyond the fact that they find his works in good company. In medical literature, as in other departments, we find books and papers from men who are either constitutionally incapable of telling the simple literal truth as to their observations and experiments, although they may not write with fixed intention to deceive, or from men who seek to advertise themselves by deliberate falsehoods as to the results of their practice. Such men are usually appreciated at their true value in their immediate neighborhood, and find it necessary to send their communications to distant journals and societies in order to secure publication.

"I presume that you are all familiar with the peculiar feeling of distrust which is raised by too complete an explanation. The report of a case in which every symptom observed, and the effect of every remedy given, is fully accounted for, and in which no residual unexplained phenomena appear, is usually suspicious, for it implies either superficial observation, or suppression or distortion of some of the facts. A diagrammatic representation is usually much plainer than a good photograph, but also of much less value as a basis for further work."

The address of M. Pasteur was devoted to "Vaccination in Relation to Chicken Cholera and Splenic Fever," in which he detailed his observations and experiments with the viruses of these affections, and his procedures by which he has obtained a poison of diminished virulence, inoculation

with which confers subsequent immunity from these diseases. Our readers are already familiar with the results of Pasteur's researches, and the promise which they seem to hold forth of future experiments, giving an effectual means for preventing, to a great degree, the present enormous mortality from zymotic affections. This eminent experimenter stated that he had already succeeded in attenuating two other kinds of views besides those above mentioned. He will publish the results of these more recent researches at an early date.

The last of the addresses delivered in General Session was by Prof. T. H. Huxley, on the "Connection of the Biological Sciences with Medicine." Formerly, no such connection was recognized; now, this is all changed. A brief review of physiology was given, and great credit was assigned to Descartes for his first clear insight into the real nature of vital phenomena. We have space only for the concluding paragraphs of this most excellent address :

"If there is any truth in the received doctrines of physics, that contrast between living and inert matter on which Bichat lays so much stress, does not exist. In nature, nothing is at rest, nothing is amorphous; the simplest particle of that which men, in their blindness, are pleased to call 'brute matter' is a vast aggregate of molecular mechanisms, performing complicated movements of immense rapidity, and sensitively adjusting themselves to every change in the surrounding world. Living matter differs from other matter in degree and not in kind; the microcosm repeats the macrocosm; and our chain of causation connects the nebulous original of suns and planetary systems with the protoplasmic foundation of life and organization.

"From this point of view, pathology is the analogue of the theory of perturbations in astronomy; and therapeutics resolves itself into the discovery of means by which a system of forces, competent to eliminate any given perturbation, may be introduced into the economy. And, as pathology bases itself upon normal physiology, so

therapeutics rest upon pharmacology, which is, strictly speaking, a part of the great biological topic of the influence of conditions on the living organism, and has no scientific foundation apart from physiology.

"It appears to me that there is no more hopeful indication of the progress of medicine towards the ideal of Descartes than is to be derived from a comparison of the state of pharmacology at the present day with that which existed forty years ago. If we consider the knowledge positively acquired in this short time of the *modus operandi*, of urari, of atropia, of physostigmin, of veratria, of casca, of strychnia, of bromide, of potassium, of phosphorous, there can surely be no ground for doubting that, sooner or later, the pharmacologist will supply the physician with the means of effecting, in any desired sense, the functions of any physiological element of the body. It will, in short, become possible to introduce into the economy a molecular mechanism, which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements and cause an explosion among them, leaving the rest untouched."

In the preparation of this report of the General Sessions of the Congress, we have drawn without reserve upon the columns of *Le Progrès Médical* the *Boston Medical and Surgical Journal*, and the *Philadelphia Medical and Surgical Reporter*, to which we hereby give due credit. Of the work of the sections, we shall have something to say in our next issue.

## Extracts and Abstracts.

**PREVENTION OF VENEREAL DISEASES.**—The committee appointed to consider this subject by the American Public Health Association, reported to the New Orleans meeting, through its chairman, Albert L. Gihon, M. D., Medical Director United States Navy. From this report we make the following extracts:

The insufficiency of the inspection of public women in stamping out these affections is attributed to the following reasons:

"Because, while discovering women who are diseased at the weekly or semi-weekly

visit, it leaves them unprotected against the intermediate approaches of infected men, and the unconscious contamination of their subsequent visitors;

"Because minute abrasions, hidden deep in the vagina, or among its *rugæ* may escape detection;

"Because a woman may undoubtedly be the vehicle of communicating disease from one man to others, without herself becoming infected;

"Because women who are not avowed and registered prostitutes—shop girls, domestic servants, saloon attendants, ballet-girls, choristers, kept women, and the like—are exempt from examination, and chiefly

"Because it ignores the men, who are the original contaminators of the prostitute."

The ignorance of the inexperienced bawd of prophylactic measures and of the real meaning of the initial lesions, is another reason why such diseases are disseminated. The measures most likely to succeed, in the opinion of the committee are set forth in the following:

"While believing that the police registration of brothels and their restriction to designated quarters under sanitary surveillance are in the interest of humanity and morality, and that this no more implies the recognition and countenance of the sin of immorality than the license of rum-shops and the taxation of whisky-stills presuppose the encouragement of intoxication;

"Believing that the toleration and connivance, through pretended ignorance of their existence, of bawdy-houses, bed-houses, cheap lodging-houses, spurious dressmaker's rooms and cigar shops, dentist's offices, and other notorious places of resort, and the freedom of exposure permitted in public places to the most abandoned and unmistakable strumpets, are the most monstrous blots upon the civilization of this century, and infinitely more reprehensible than their repression and sanitary and disciplinary control by their authorities, your Committee, nevertheless, considers this to be rather a question of public morals than of public health; and they therefore now only recommend, as, in their opinion, the most effectual, practicable means of preventing the spread of venereal diseases, the enactment by the legislatures of the several States of a law constituting it a criminal offence or misdemeanor to communicate, or to aid or abet in any way the communica-

tion of a contagious disease, such as small-pox or syphilis, and empowering and requiring health officers to establish such regulations as may be necessary for the prevention, discovery, treatment and suppression of such diseases.

"Deterred by the fear of public accusation and its consequences, no diseased man would, thereafter, venture to cohabit with any woman, whether public harlot, clandestine strumpet or his own wife.

"Satisfied that the law would punish the unscrupulous wretches who have hitherto so cruelly wronged them with impunity, no woman would care to evade its application to herself; and not only the poor panderer to man's lust would have a greater incentive to preserve her personal cleanliness, but the proprietors of the bawdy-house would be equally responsible for and equally interested in the physical welfare of its inmates.

"Inspections would be cheerfully submitted to or voluntarily solicited; and only those perversely negligent of sanitary observance, and the degraded *habitués* of the lowest slums would become subjects of sanitary constraint, and with the professional burglar and black-leg, be treated as forever objects of suspicion.

"It might open the way to false accusations by abandoned women, but they who object to any semblance of protection of vice can hardly find fault with this additional impediment to sensual indulgence.

"Under the operations of such a law, it would become the duty of every physician to exact from his syphilitic patient that voluntary isolation or seclusion which may be necessary to prevent contamination, under penalty of punishment of the former for his neglect to advise, or of the latter for his refusal to conform to the advice. While it is manifestly impracticable to require a physician to confine his syphilitic patient in a pest-house, it is nevertheless his legitimate office to instruct him to shun such contact with his fellow-beings as may expose them to the risk of contamination. Military and naval medical officers already have, and the surgeons of the Marine Hospital Service and those of emigrant and passenger ships ought to have, the right to ascertain the condition, and the power to restrain the liberty of diseased men and others under their charge.

"For the syphilitic who marries and contaminates an innocent woman, and

begets a diseased child, the law can scarcely frame an adequate punishment, while no code of ethics should permit a medical practitioner to screen his infamy.

"The plan proposed by your Committee implies the appointment of sanitary officers in every hamlet, village, town and city of the country, subordinated to and controlled by County, Municipal or State Boards of Health, and empowered to investigate and discover every preventable cause or form of disease, syphilis included. They further recommend the establishment of special or lock hospitals for the gratuitous treatment of all venereal affections, and in the absence of such hospitals, provision for their treatment without charge and without unnecessary exposure of their victims by health officials under whose cognizance they have come, since, as Dr. Beardsley has well stated, 'the cost of treatment for venereal lesions has become so heavy, the prices so exorbitant, that thousands are deterred from consulting a physician through fear of being fleeced.' Prof. Andrews quotes the case of a private disease doctor, one of a dozen in Chicago, whose receipts in a single month amounted to two thousand dollars. The special hospitals suggested would naturally supplement and not wholly supplant the private charities, dispensaries and special wards in general hospitals for the treatment of such as might be reluctant to enter the former, which, however, it is believed, might, by thoroughness and care in treatment, not only attract a large proportion of unfortunate sufferers, but ultimately become the means of accomplishing the reformation of many whose doings had led them thither to seek relief.

As embodying the ideas thus enumerated, the Committee submitted the following resolution, which was practically endorsed at a subsequent session:

*Resolved*, That the American Public Health Association earnestly recommends the Municipal and State Boards of Health to urge upon the legislative bodies of this country the enactment of a law constituting it a criminal offence to knowingly communicate, or to be instrumental in communicating, by any direct or indirect means, a contagious disease, such as small-pox, scarlet fever or venereal disease, and giving to said Boards of Health, and to the State and Municipal Health officials under their control, the same power in the prevention,

detection, suppression and gratuitous treatment of venereal affections, which they now possess in the care of small-pox and other contagious diseases."

The absolute nonsense of such a course, if adopted by all the legislatures in Christendom, is illustrated by the absurd failure of the law making gambling a felony, enacted at the last session of our State Legislature. No convictions have been accomplished in the months which have elapsed since this statute went into effect, and there is no prospect of any serious attempt being made to enforce its provision. Similar attempts at interference with personal vices will prove as futile, no matter what their nature may be. The failure of statuting enactments to suppress intemperance in several of our States, and of the prohibition of the opium traffic by the Chinese authorities, are cases in point.

**THE CHLORAL HABIT.**—In a short article entitled "Habits," in the August number of the *New York Medical Journal and Obstetrical Review*, Dr. H. H. Kane states that he has recently met with two cases of chloral-taking that had undoubtedly become a habit, and refers to Dr. B. W. Richardson's work, "Diseases of Modern Life," in support of the proposition that there is such a thing as a chloral habit, in regard to which, it seems, some of Dr. Kane's reviewers have expressed themselves as skeptical. The word *habit*, he remarks, does not express the matter either fully or clearly, and, instead of attempting to define it, as used in this sense, he proceeds to describe its subjects. Of those people who are addicted to the continued use of morphia and chloral, he remarks, there are two classes, the division resting upon the manner in which the drug was first used. In the one class, there is a morbid appetite that may be fed upon excitement, alcohol, absinthe, quinine, hashish, bromide of potassium, chloral or opium. It may have for its object anything, and will be classed according to that upon which the appetite becomes most fully fixed. Given a person with such morbid propensities, and let him, either of his own free will, or through the agency of another person, begin to use any drug of this class, and he will fix upon that drug in nine cases out of ten, and become an habitual user of it. Once habituated to its use, the entire nervous system rebels at its withdrawal, and the victim, to his own

morbid appetite, continues to use the stimulant, or sedative, as the case may be, not because the satisfaction first experienced continues, but because any attempt to do without the agent produces such distressing symptoms that the weak-willed patient is compelled to resort to that which he at one and the same time loves and hates. In the other class, there is no morbid craving for any form of stimulant or narcotic, but the long-continued use of the drug, usually for the relief of pain, produces a systemic state analogous to that existing in the first class before the drug was taken. In the one, the drug ministers to a morbid craving already existing; in the other, it establishes a necessity for continuing its use. The objection to the term "craving," in this connection, is that it implies a longing for something that is expected to give pleasure, whereas, to the majority of *habitués*, pleasure becomes a meaningless word after a short time, and "inability to do without" takes the place. It is really an hereditary or acquired involuntary tendency that, through accident or design, becomes fixed upon a certain stimulant or narcotic, that develops, increases and perpetuates the tendency.

**POWELL'S BEEF, COD LIVER OIL AND PEPSIN** has attained popularity as a nutrient in a remarkably short time. The combination is a good one, and the manufacturers have an enviable reputation as a reliable and honorable firm.—*Cincinnati Lancet and Clinic*, March 19th, 1881.

**MALTINE.**—Prof. L. P. Yandell writes as follows (*Louisville Medical News*, January 3, 1880), of these elegant preparations:

"Maltine is one of the most valuable remedies ever introduced to the medical profession. Wherever a constructive is indicated, Maltine will be found excellent. In pulmonary phthisis and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions, it is invaluable."

Prof. Yandell is the American champion of the theory of struma, and confounds all wasting diseases together under this term. Although we believe him in error, in this regard, we do not doubt his testimony in favor of efficient constructives like the Maltine preparations.

# St. Louis Clinical Record.

EDITED BY

WM. B. HAZARD, M. D.

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Office, No. 5 South High Street.

## Editorial.

**TO PHYSICIANS.**—We mail a large number of this edition of the *Clinical Record* to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

### PRESIDENT GARFIELD'S CASE, AND ITS SURGICAL TREATMENT.

#### 1.

The death of the President, the results of the autopsy and the statements of the surgeons charged with his treatment, enable us to discuss the surgical questions involved with some degree of confidence of doing injustice to no one concerned. This it was impossible to do at an earlier date.

We shall, in this number, devote especial attention to Prof. Hamilton's statement, with the official report of the autopsy, taken from the *New York Medical Gazette*. The following is the paper in full:

"So far as I am informed, the testimony is conflicting as to the relative positions of the President and the assassin when the pistol was fired. It is now rendered probable that the assassin stood well to the right and slightly to the rear of the President. The ball entered about four inches to the right of the spine, penetrating and comminuting the eleventh rib, entering the intervertebral substance between the last dorsal and first lumbar vertebrae, and, passing obliquely forwards, emerged at a point near the center of the first lumbar vertebra in front; and was found some distance to the left of the vertebra at the

lower margin of the pancreas—being situated nearer its posterior than its anterior surface—wholly without the peritoneal cavity. It is unnecessary to say that the course of the ball, after penetrating the rib, was not determined until after death. I saw the patient on the morning of July 4th, in consultation. We were then informed of the manner of the accident, and that, on the receipt of the injury, the President had fallen to the floor, sinking down to the right side; that, being interrogated, he complained of pain in his right ankle, and subsequently, in the course of the day, of a similar pain in his left ankle; which pains had been promptly relieved by the hypodermic injection of morphine. He vomited immediately after the receipt of the injury, and, in the course of the day, his urine had to be drawn once by the catheter. There was not, when first seen by myself, nor has there been at any time subsequently, any apparent loss of power in his lower extremities, or diminution of the natural sensibility at any point. The pains in his ankles, however, were accompanied with hyperæsthesia of the integument; and, a few days later, it was observed that there was hyperæsthesia of the integument of the right side of the scrotum. All of these symptoms—the pain and the hyperæsthesia—disappeared wholly in the course of the first week or two, and never returned. On the morning of the fourth of July, the patient being partially under the influence of the morphine, was not suffering pain, the bowels were tympanitic, and the pulse was feeble. At the first consultation, the question having arisen as to the probable course of the ball, it was stated that Surgeon-General Wales, of the Navy, had, on the day of the receipt of the injury, introduced his finger to its full extent, and that he had declared that it had penetrated the substance of the liver, the structure of which he recognized by its granular feel; and Dr. Bliss stated that he had introduced a probe about three inches, which seemed to have passed in the same direction. This testimony was regarded sufficient to determine that the ball was at least beyond our reach, and beyond the reach of safe exploration. Dr. Woodward had introduced his finger sufficiently deep into the wound to determine that the rib was broken. Finding, upon personal examination and inspection, that the track of the wound was completely closed by a firm

clot, I refused to make any further exploration. From this time forward, great uncertainty existed in the minds of the medical attendants as to the actual course and present situation of the ball. On the 24th of July, and after the complete subsidence of the tympanites, a circumscribed point of induration was discovered in the right iliac fossa, which at once led to a suspicion that the ball had been deflected, coursing along the anterior surface of the lumbar muscles, and that this induration indicated its present seat. This suspicion was sustained by the hyperæsthesia of the right side of the scrotum, which, as Prof. Weisse had already shown in his anatomical observations, would be the natural result of an injury of the ileo-inguinal or ileo-hypogastric nerves, which lie in the course of the then supposed track of the ball. Still further confirmation was added when, on the 27th of July, we found that a flexible catheter could be carried downwards in the direction of the supposed situation of the ball to a distance of seven inches. The point of induration in the right iliac fossa gradually moved downwards and became more hard and defined, conveying the impression that it was the ball, and that it was encysted. At the autopsy, it having been determined that this was not the ball, further examination of the channel in this direction was not prosecuted. Indeed, this induration had entirely disappeared after death, and it is now presumed that it only indicated the lower end of the long sinus already described.

"About this period, a small pouch of pus was formed in connection with the main channel, extending underneath the integuments of the back, causing rigors, which were at once relieved by a free incision; and, a little later, rigors followed in consequence of the temporary obstruction of the channel, caused by the floating of a small fragment of the rib into the orifice, which were relieved on the removal of the fragment.

"On the 8th of August, great difficulty having been experienced in the introduction of the drainage tube into this long suppurating canal, an incision was made below the twelfth rib, the patient being under the influence of ether. About a week later, the stomach of the President became exceedingly irritable, and it was found necessary to suspend alimentation by the mouth, and, for three or four days, he was

nourished only by enemata. On the fourth day after the suspension of alimentation by the mouth, the right parotid gland began to enlarge (August 17th), and on August 24th suppurated, and was incised, the first incision giving exit only to a few drops of pus. Subsequently, it opened into the mouth and meatus auditorius externus, and three or four incisions were made at different points on the surface for the exit of matter. At the time of death, the suppuration and swelling of the parotid gland had almost entirely disappeared.

"Following the parotitis there was a gradual development of bronchitis in the right lung; and, finally, a broncho-pneumonia of the lower portion of the right lung, indicated by a well defined dullness and a total absence of the respiratory murmur in that region. From this time until the period of his removal from Washington, there are no events of striking interest worthy of being related in this brief summary, except the alarming weakness and great somnolency of the patient, which occurred on the 24th, 25th and 26th of August, and which led to an apprehension that a fatal issue was at hand. The patient was evidently suffering from atmospheric influences, the heat being intense and oppressive, and the most of the time the air being motionless, so that a leaf could not be seen to stir upon the trees surrounding the White House. There was no evidence, however, at any time, that the patient suffered from malaria, having its sources in the house drainage or the marshes in the vicinity, and which latter, at a later time in the season, had always been regarded as pestiferous. His removal to Long Branch occurred on the 6th of September, and was effected without injury or discomfort to the patient, with only a slight amount of fatigue, manifested after his arrival, and from which on the following morning he had completely recovered. There was no day while he lay in the cottage at Long Branch that he did not express himself as pleased and even delighted with the change, nor was he ever oppressed by the heat, although one of the days, the first after his arrival, was the hottest day of the season. At two o'clock in the afternoon of this day, when the heat was greatest, in reply to my inquiry he said he experienced no discomfort. From this time, until the period of his death, which was sudden and unexpected, although in no

sense unanticipated, there is no incident worthy of special note—except that there was a gradual change in the last two or three days for the worse. The manner of his death, and the result of the subsequent autopsy, are sufficiently explained in the official bulletin:—

OFFICIAL BULLETIN OF THE RESULTS OF THE  
AUTOPSY.

“A post-mortem examination of the body of President Garfield was made, eighteen hours after death, in the presence, and with the assistance, of Drs. Hamilton, Agnew, Bliss, Barnes, Woodward, Reyburn, Andrew H. Smith, of Elberon, and Acting Assistant Surgeon D. S. Lamb, of the Army Medical Museum, Washington. The operation was performed by Dr. Lamb. It was found that the ball, after fracturing the right eleventh rib, had passed through the spinal column in front of the spinal canal, fracturing the body of the first lumbar vertebra, driving a number of small fragments of bone into the adjacent soft parts, and lodging below the pancreas about two inches and a-half to the left of the spine, and behind the peritoneum, where it had become completely encysted. The immediate cause of death was secondary hemorrhage, from one of the mesenteric arteries adjoining the track of the ball, the blood rupturing the peritoneum, and nearly a pint escaping into the abdominal cavity. This hemorrhage is believed to have been the cause of the severe pain in the lower part of the chest complained of just before death. An abscess cavity, six inches by four in dimension, was found in the vicinity of a gall bladder, between the liver and the transverse colon, which were strongly adherent. It did not involve the substance of the liver, and no communication was found between it and the wound. A long suppurating channel extended from the external wound, between the loin muscles and the right kidney, almost to the right groin. This channel, now known to be due to the burrowing of pus from the wound, was supposed, during life to have been the track of the ball. On an examination of the organs of the chest, evidences of severe bronchitis were found on both sides, with broncho-pneumonia of the lower portions of the right lung and, though to a much less extent, of the left. The lungs contained no abscesses, and the heart no clots. The liver was enlarged and fatty, but free

from abscesses. Nor were any found in any other organ except the left kidney, which contained, near its surface, a small abscess about one-third of an inch in diameter. In reviewing the history of the case, in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured, spongy tissue of the vertebra, furnish a sufficient explanation of the septic condition which existed.”

“D. W. BLISS,  
J. K. BARNES,  
J. J. WOODWARD,  
ROBERT REYBURN,  
FRANK H. HAMILTON,  
D. HAYES AGNEW,  
ANDREW H. SMITH,  
D. S. LAMB.”

“It may be necessary, however, to repeat, inasmuch as contrary statements have been made, that the lungs contained not even the most minute abscess, and that there was no metastatic abscess found in any of the structures examined, except one less than a half-inch in diameter near the surface of the left kidney. There were three small serous cysts under the peritoneal covering of the convex edge of the right kidney, each about the size of a vertical section of a large pea. The abscess found between the transverse colon and the liver was, evidently, not metastatic, but probably was caused by the original injury. There was no cicatrix or wound of the liver, nor anything to indicate that it had suffered injury in the slightest degree.

“Since it has been thought by some that it was the duty of the surgeons to have ascertained positively the course and location of the ball, it is proper to consider whether either the one or the other were practicable.

“As to determining the course of the ball by a probe, every anatomist will see that it was impossible—if he will consider the very tortuous course which the ball must have taken to reach its final destination; that it passed through the solid structure of the vertebra, and that no metallic instrument sufficiently firm to give indications of the course and direction which it took within the body, could ever have reached the ball; nor would any surgeon of experience, familiar with gun-shot wounds of the belly, in the absence of any satisfactory or conclusive evidence as to

what course the ball had taken, venture to introduce a probe into the abdominal cavity for the purpose of exploring the supposed track; nor, indeed, if he had evidence as to the course and situation of the ball, could he have been justified in such an exploration. No point is better settled in surgery than that interference of this sort in gun-shot wounds of the belly, is meddling, useless and dangerous; and, had it been done, and a fatal peritonitis in consequence set up, the surgeon doing it would have been justly held responsible for the fatal result.

As to the possibility of the extraction of the ball safely, it would have required a large tegumentary and muscular incision as a means to approach to the spinal column; the actual removal of the whole of the twelfth lumbar vertebra in order to furnish a sufficient channel through which the bold surgeon should advance with his instrument for extraction; and, after emerging from the cavity thus made in the spinal column, he would have to penetrate or grope his way cautiously through the ganglionic system of nerves and arteries, veins, lymphatics, including the thoracic duct, all of which are vital structures almost inextricably joined to each other on the front and sides of the spinal column, and the lesion of any one of which must have proved inevitably fatal.

"Throughout the whole course of the treatment, contrary to what has been publicly said repeatedly, so far as it was possible to apply the system of antiseptic surgery advocated by Mr. Lister to a wound of this character, it was rigorously employed.

"I am reminded now to say, in reply to some suggestion made from time to time, that we ought to have made a counter-opening in the lower portion of the long sinus which terminated in the right iliac fossa; that there was no period of time during the progress of the case in which we felt absolutely certain that what we recognized in the fossa as a point of induration was the ball; nor were we entirely certain at any time, where the lower end of the sinus was actually situated; nothing but a very flexible instrument could ever be introduced, and inasmuch as when introduced, its presence in the track could not be recognized by the sense of touch, we were left without any means of determining, with a sufficient degree of accuracy to justify an operation, where the

lower end of the channel was. Indeed, it is probable that the flexible catheter employed never reached the lower end of the channel, but doubled upon itself near the crest of the ileum. To have cut through, or between, the great mass of muscles in the lower portion of the lumbar region, for the purpose of making a counter incision into a small channel, the course of which we did not and could not know, even approximately, would have been, under any circumstances, an unjustifiable procedure—and especially so in the case of the President, whose hold upon life during all this long period seemed to depend upon a thread."

In considering the commentary which follows, it must be remembered that the editor of this Journal is alone responsible for the views set forth, and that he disclaims any pretense of being a surgical authority. They are the views of a general practitioner, such as he presumes he has a right to make on the basis of a fair knowledge of the literature of the subject, and a limited experience with gun-shot injuries.

In the first place, the autopsy was grossly imperfect. The official bulletin states that the immediate cause of death was hemorrhage "from one of the *mesenteric* arteries adjoining the track of the ball." But it was reserved for Dr. Shrady (we believe), to discover by an investigation made some days later, that the bleeding was from a traumatic aneurism of the *splenic* artery. It would, therefore, appear that the autopsy was most bunglingly performed, and the eminent pathologists present had no knowledge of what had really caused the President's death, or that the "traumatic aneurism" was simply an afterthought to give greater plausibility to the notion that death was an inevitable consequence of the original injury. It is possible that we are in error, but with our present light it seems to us that it would have been altogether better for all parties concerned if a *competent* pathologist had been employed to make the *post-mortem* examination instead of the *dilettante* artist of the Army Medical Museum.

As to the probable course of the ball, it seems incredible that Surgeon-General Wales and Dr. Bliss could have been misled into the error of supposing it had been deflected downwards towards the groin after securing evidence which ought to have been conclusive that it had taken another course. Dr. Wales "had on the day of the injury *introduced his finger to its full extent*" in the direction of the liver, which he supposed he felt, while "Dr. Bliss stated that he had introduced a probe *about three inches*, which seemed to have passed in the *same direction*." Dr. Woodward had ascertained that a rib had been fractured at an equally early date. We confess that we are unable to conceive of the law of physics invoked by these distinguished gentlemen to account for a downward course of a bullet, fired at shot range, which had pursued an onward course to the depth of three inches, *shattering* a rib in its course, without apparently changing its direction. The Australian boomerang is the only missile, so far as we are informed, that behaves in such an erratic manner.

Knowing the probable course of the ball from the first examination, it seems to us indeed strange that no attempt was made to establish direct drainage of the track it had made, at least so far as it had been explored. If thorough drainage had been kept up for the three inches penetrated by Dr. Wales' finger and Dr. Bliss' probe, it seems very probable to our unenlightened understanding that the exhausting chills and destroying fever, the metastatic abscesses as well as the eventual giving way of the "traumatic aneurism" might have been prevented.

But Dr. Bliss has come to the front with his own personal statement (furnished to the newspapers in advance of publication in the medical periodical he honored with his favor—*of course*), to which we shall direct our attention in our next issue. We shall not permit the honored names of Hamilton and Agnew to prevent us from giving our

views, however much our professional brothers of the press may attempt the "whitewashing" process.

THE TRI-STATE MEDICAL SOCIETY will meet at the Lindell hotel, St. Louis on the 25th of October. From the provisional programme which has been sent us, we have every reason to expect a large, interesting and really instructive meeting. We trust every member of the Western profession will make it his business to attend and add to the valuable results of such a conclave of scientific workers. The usual "junketing" features are omitted—a symptom of the best prognosis.

DR. L. DUNCAN BULKLEY, the talented editor of the *Archives of Dermatology*, announces that he will give a course of twenty-four lectures on Diseases of the Skin (his fifth annual course), in the Pathological Amphitheater of the New York Hospital, 7 West Fifteenth street, New York City, every Wednesday afternoon, commencing October 12. These will embrace the entire subject of diseases of skin, didactic and clinical in character, and will be fully illustrated. This course will be *free to* medical practitioners and students.

THE DEQUINCY HOME is a private asylum for the treatment of the opium, morphine and chloral habits, located at 191 West Tenth street, New York City. Dr. H. H. Kane, whose article on "Opium Smoking and Morphine Taking," in the CLINICAL RECORD for June last, attracted much attention, is in charge. Dr. T. Gaillard Thomas and Dr. Edward C. Spitzka are among the consulting physicians, whose names in this connection, are sufficient guaranty of the character of the institution. We cordially recommend this HOME to the attention of our professional readers who have cases of these intractable "diseases" to manage.

PRIZE ESSAY.—We would direct especial attention to the following announcement:

The committee on selection appointed by the chairman of the section on Practical Medicine, Materia Medica and Physiology, at the recent meeting of the American Medical Association, have selected, and hereby announce, as the subject for the prize to be awarded in 1883, the following question:

What are the special modes of action, or therapeutic effects upon the human system, of water, quinia, and salicylic acid, when used as anti-pyretics in the treatment of disease? The essays must be founded on original experimental and clinical observations, and must be presented to the chairman of the committee of award on or before the first day of January, 1883.

N. S. DAVIS,	} Committee of Selection.
H. D. HOLTON,	
W. B. ULRICH,	

BROMIDIA is commended by every physician who gives it a fair trial. It is a most excellent hypnotic.

OUR next number will contain a most valuable lecture by Prof. Wm. A. Hammond, of New York, on "Locomotor Ataxia, and its Treatment."

**SPECIAL OFFER.**—The American reprint of the *London Lancet*, containing all medical matter of the original, will be sent with the CLINICAL RECORD to one address for five dollars. Cash must accompany the order.

OUR readers are under obligation to Dr. Carl Spinzig and his son, Mr. Felix Spinzig (who is a student of medicine), for the excellent portrait and biographical sketch of Professor Skoda, which add so much to the interest and value of this number of the CLINICAL RECORD.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its Ninth Annual Session at Savannah, Georgia, November 29th to December 2d, inclusive. We hope the Mississippi Valley States will be well represented, and that the Missouri Delegates will not be content to remain passive spectators, as at the last meeting.

## Book Notices and Reviews.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By William A. Hammond, M. D., Surgeon-General United States Army (*retired*); Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York, etc. 8vo., pp. 929; with 112 illustrations. Seventh edition, rewritten, enlarged and improved. Cloth, \$5.00. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1881. St. Louis: Book & News Co.

Two years ago, in our notice of Dr. Labadie-Lagrave's French translation of the sixth edition of this monumental work, we thus referred to the work of the accomplished editor:

"These additions increase the value of the work, and will, no doubt, be of aid to the author in bringing out a seventh edition, which cannot be delayed for any great length of time."

This prediction has been amply verified; the seventh edition has made its appearance, and the author has paid the highest compliment possible to the translator of his work by literally translating these valuable additions and incorporating them in the present edition. These chapters are devoted to nervous syphilis, the symptomatology of cerebral lesions, and the pathology of the sympathetic nerve.

The chapters on insanity have been omitted, as the author is engaged upon a special work devoted entirely to this subject. Although these chapters occupied sixty-eight pages of the sixth edition, the present one contains about forty pages more than the last. This one fact will give some idea of the great advances in neurology since 1876, the date of the last impression.

Among the material additions, aside from those translated from the French, above referred to, we note a chapter on Myxœdema (which first appeared in the CLINICAL RECORD), amplification of the chapters on cerebral congestion, locomotor ataxia, pro-

gressive facial atrophy, chorea, epilepsy and neuralgia, with other minor changes too numerous to mention. A translation of Nothnagel's Diagnostic Points, from his "Topical Diagnosis of Brain Diseases," is of great value and adds to the completeness of this excellent hand-book.

We regret that the author has not given more space to the consideration of the mental state of epilepsy, but his forthcoming volume on insanity will probably be satisfactory in this respect. The medico-legal relations of this disease have never been satisfactorily discussed, so far as we have been able to learn. We still believe, contrary to the author's views, that *complete* unconsciousness is not invariably present in conditions undoubtedly epileptic.

Dr. Hammond's book is the only complete one on nervous diseases accessible to the English-reading student, which is the work of a competent writer, one who has observed, studied and treated these affections himself. It differs in this vitally important particular from the catch-penny compilations, dignified as "treatises," or "lectures" on this class of affections by writers who write simply for the purpose of self-advertisement. It not only has no rival in English, but the fact that it occupies the same place in France and Italy is admitted by competent judges—excellent translations having appeared in both these countries under the auspices of high medical authorities.

One great charm of Dr. Hammond's writings arises from the unusual lucidity of his literary style; another, in that he speaks from actual experience; and still again, in the faith he has in the efficiency of remedial measures. He is not afraid to use the most powerful agents of the *materia medica* to the full extent of their capacity. This confidence renders him sometimes, perhaps, unduly hopeful, but at the same time, a most earnest and effective teacher.

It is needless to add that his publishers have presented the book in a very sub-

stantial and attractive form. No one who would keep himself informed and up with the times can afford to be without this new edition of a most valuable work.

**A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL.** In Treatises by Various Authors. Edited by T. Holmes, M. A., Cantab., Surgeon and Lecturer or Surgery at St. George's Hospital, etc. First American, from Second English Edition, Thoroughly Revised and much Enlarged. By John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia, Assisted by a large corps of the Most Eminent American Surgeons. In Three Volumes, with Many Illustrations. Vol. 1. General Pathology, Morbid Processes, Injuries in General, Complications of Injuries, Injuries of Regions. Large 8vo; pp. 1007. Sold by Subscription only. Cloth, \$18; Library, Leather, \$21; half Russia, \$22.50 per set. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: J. H. Chambers, Agent.

"Holmes' System of Surgery" has long been recognized as the most complete work, upon the subjects embraced, extant. The high price of the English edition has heretofore excluded it from the library of the professional man whose purse was not of inordinate length; the very man who most needed this inexhaustible mine of knowledge to draw upon in his daily rounds of practice. One objection only could be raised against the English work: it was not especially adapted to the needs of American surgeons by the addition of the experience of our own practitioners—who have done much to advance the art, however little they may have contributed to a knowledge of the underlying principles, upon which surgery must rest.

We owe to the courage and wise enterprise of one of the oldest and most successful medical publishing houses in the world, Messrs. H. C. Lea's Son & Co., of Phila., the removal of all objections and hindrances which might prevent this vast storehouse of the surgical wisdom of the ages from finding a place in the library of the most modest

and unpretentious of our rising medical generation. The price has been reduced to one which is merely nominal when the extent of the work is considered, and the revision by some of our most eminent surgical writers has been so careful and complete as to leave little to be desired in the direction of adapting it to the requirements of our countrymen. It is very true that the selection of some of these American editors might have been better made, but on the whole, they have performed their work in a very satisfactory manner.

As an instance of injudicious selection of a reviser, we need only refer to the section on syphilis. We note that no reference is made to the evacuation of buboes by the aspirator, as so successfully performed by Dr. P. V. Schenck, of this city; that Parrot's assertion that rachitis is *always* dependent upon inherited syphilis, is not mentioned; and no allusion is made to the enormous quantities of iodide of potassium sometimes found necessary in the treatment of tertiary lesions, especially those of the nervous system. The editor merely remarking that "half-drachm and even drachm doses will at times clear up a case of hemiplegia, amaurosis, or aphasia, when smaller quantities of the drug seem powerless." The tolerance of much larger doses than those mentioned is clearly established—as also the fact that such doses are required in exceptional cases—especially under the ingestion of large quantities of water and proper use of the warm bath.

In the long and very complete chapters on "Tumors and Cancers," by Sir James Paget and Mr. C. H. Moore, carefully revised and considerably amplified by Dr. Morris Langstreth, and covering over eighty pages, we have looked in vain for any mention of Cohnheim's ingenious theory of the origin of morbid growths in *misplaced embryonic cells*. This accounts for so much that is otherwise inexplicable in the appearance and history of tumors, that it seems to us worthy of being placed alongside of

other theories of their origin, even if it be not yet accepted as a demonstrated fact.

Prof. J. S. Jewell, M. D., of Chicago, has made some judicious additions to the article on "Tetanus," but we regret to see no reference made to the use of arsenic, as reported successfully employed in the last volume of this JOURNAL, by Prof. A. S. Barnes, M. D., of this city. Others have been equally successful with this remedy, and it certainly should be mentioned among the drugs that have succeeded in curing this most formidable affection.

Mr. Savory's article on Hysteria has been annotated by Prof. Jewell. On page 589 we find reference to retention of urine by hysterical patients, but nothing is said of genuine *anuria*—the text discloses no hint as to the urinary retention or suppression being anything other than simulated. In Dr. Jewell's addendum, principally devoted to the treatment, massage, rest and systematic feeding are recommended, but there is no reference to Dr. S. Weir Mitchell's writings in which these therapeutic measures are so strikingly taught, nor does Dr. Mitchell's name appear in the limited bibliography which closes the chapter.

The article on "Injuries of the Neck," by Mr. Arthur E. Durham, is stated to have been revised by Dr. Thomas G. Morton, but a somewhat careful examination fails to show any but the most trivial and unimportant attempts at revision by this eminent Philadelphian. Nothing is said of tracheotomy without tubes, nor the use of the galvano- or thermo-cautery in performing this operation. In the table of cases in which gastrotomy has been performed on account of stricture of the œsophagus, no mention is made of Dr. Herff (of San Antonio, Texas), and his remarkably successful case of this nature. We hope that in the next edition the revision of this section will be entrusted to more diligent hands.

Prof. J. T. Hodgen, M. D., of this city, adds very little to the chapter on "Injuries of the Chest," confided to him, perhaps,

because there was very little addition to be made. What he has to say is well said.

Nearly the same remarks apply to Prof. Hodgen's labors with reference to the chapter on "Injuries of the Abdomen." We do find, on page 926, the slightest possible reference to Dr. Herff's case before alluded to.

Some of the revisers have done good work, although we now meet with their names for the first time. We doubt not their future contributions to medical literature will justify the publishers in allowing them to make their appearance in the field of original work. Too often, however, it happens that after a writer has done one piece of compilation, he is seized with the monomania that he is an author, and goes on compiling and editing what he persuades himself are "original works," at the cost and to the disgust of the confiding public and unbiased reviewer. Let us hope that these amiable gentlemen to whom has been confided portions of this valuable work for "revision" will avoid this pitfall in the way of their unsuspecting footsteps.

We have endeavored to point out what errors of omission we could find in a careful examination of this first volume, not for the purpose of finding fault, but that future editions may see them corrected. After all, they are very insignificant and detract but little from the general utility of this magnificent work. It is too widely and well known for us to take up space and time with an enumeration of its good qualities.

We most cordially recommend this "Americanized" edition of Holmes' System as the very best comprehensive work on Surgery to be found in our language. We have no doubt but that the publishers will reap an abundant reward, by securing a large sale, for their business enterprise and sagacity.

**OBSERVATIONS WITH THE HÆMACYTOMETER upon the Globular Composition of the Blood and Milk. Cartwright Prize Essay. By Frederick P. Henry, M. D.,**

Physician to the Hospital of the Protestant Episcopal Church, Philadelphia. 8vo; pp. 37; pamphlet. Philadelphia: F. A. Davis, Attorney, Publisher. 1881.

The late Benjamin Cartwright, of Newark, N. J., left a legacy of \$10,000 to the Alumni Association of the College of Physicians and Surgeons, of New York; providing \$5,000 for the foundation of an annual course of lectures, to be known as the Cartwright Lectures; and \$5,000 for an annual or biennial prize, for the best essay on a medical or surgical subject presented in competition to the Association. The essay under consideration is the first to which this prize has been awarded.

Dr. Henry here records some excellent work in a field but little explored. We have space only for some of his principal conclusions derived from a large number of observations:

"First, as to the blood:—

"1.—As there are wide diversities of bodily condition included under the relative term of health, so the globular composition of the blood, being one of the factors upon which the bodily condition depends, is likewise variable.

"2.—In health, an inverse ratio between the temperature and the number of blood-globules can be plainly demonstrated.

"3.—On individual days, this ratio cannot be demonstrated on account of the variation of the hæmacytometer, and, therefore, in order to neutralize the effect of this variation, a number of observations is necessary.

"4.—The temperature varies on different days, on no two successive days being the same.

"5.—In health, no relation can be established between the amount of urine pigment excreted, and the number of the red blood-globules.

"6.—During menstruation, the number of red blood-globules is slightly diminished.

"7.—In a perfectly healthy nursing woman, with good hygienic surroundings,

and abundant nutritious food, the number of red blood-globules is not diminished.

"8.—Rest and sleep are the most important agents in the restoration of the blood."

"Second, as to the milk:—

"1.—In fresh milk, a count of the globules is a matter of slight difficulty.

"2.—A milk containing 2,000,000 globules per c. mm. is an excellent specimen.

"3.—Menstruation diminishes the number of the milk-globules.

"4.—The hæmacytometer, on account of its convenience and accuracy, is the most valuable single method for examining milk."

The essay closes with notes of cases of different forms of anæmia: symptomatic, saturnine, that of cancer, diabetes mellitus, the essential and pernicious varieties and chlorosis, which indicate, as the author states, "a field of enquiry that promises to yield an abundant harvest."

DES INTERMITTENCES DU POULS, de la Syncope, et de la Mort Subite dans la Convalescence de la Fièvre Typhoïde. Par le Dr. Langlet. Ancien interne des Hôpitaux de Paris, Médecin de l'Hôtel-Dieu de Reims. Extrait de *L'Union Médicale et Scientifique* du Nord-Est. 8vo; pp. 56; pamphlet. Reims: Chez Deligne, Libraire-Éditeur 1881. From the Author.

Sudden death occurring unexpectedly in the course of convalescence from typhoid fever, has generally been attributed either to intestinal perforation or to paralysis of the heart caused by the degeneration of the cardiac muscular fibres due to persistent high temperature. Dr. Langlet calls attention to another factor in such cases: Defective innervation of the heart due to changes in the central nervous system. Intermittent pulse and a tendency to syncope are both traced to the same cause: malnutrition of the brain consequent upon the disease.

Intermittent pulse he has found to be not uncommon in the convalescent stage, and he holds that when it is found, the practi-

tioner ought to have his attention directed to the dangers which threaten his patient, and take such precautions as may prevent formidable accidents.

He has found that wakefulness increases the tendency of the pulse to intermit, and that physical or mental fatigue have the same effect. He advises that the patient should be carefully watched during the critical period of convalescence; sleep should be favored; all emotional excitement and sudden movements of the body avoided; premature visits discouraged, and everything in fact that favors dangerous reflex actions prevented. In cases of threatened syncope, resource may be had to morphine, as advised by Blanquinque. When this does occur, the patient should be placed with the head very low, to favor the return of the blood to the nervous centers, a procedure which has seemed to him to have saved life on several occasions.

Dr. Langlet is deserving of much commendation for the amount of valuable information he has patiently and laboriously collected.

HERNIE INGUINALE Constitutée par la plus Grande Partie de la Masse Intestinale. Taxis et Compression Progressifs Périodiquement. Répétés pendent Quatre mois Réduction et Guérison. Par M. le Dr. Thiry, Président de l'Académie Royale de Médecine de Belgique, Etc. Extrait du *Bulletin de l'Académie Royale de Médecine*, 3e Série t. XV., No. 6. Bruxelles. Libraire, H. Manceaux. 1881. From the Author.

Guided by the disclosures of the autopsy of the historian Gibbon, as detailed by Sir Astley Cooper, Dr. Thiry has succeeded admirably in reducing an ancient scrotal hernia which included almost all the contents of the abdominal cavity. After describing this case very graphically, and delineating his procedures, he reaches the following conclusions:

"1.—Ancient voluminous herniæ, constituting a sort of eviceration, are reducible in the great majority of cases; therefore, the

formal indication is to attempt their reduction.

"2.—The considerable bulk of a hernia is never a contra-indication to its reduction, only in order to obtain it much time and certain precautions are necessary.

"3.—The diminution of the capacity of the abdominal cavity in ancient herniæ, following the absence of the greater portion of the intestinal mass, never offers any opposition to slow, methodic and progressive reduction.

"4.—By returning a small amount at a time into the belly, the extruded parts, little by little, resume their right of residence.

"5.—The best mode of reduction is that which I term *compressive taxis*, that is to say, to replace in their normal position only those parts which have previously been gotten clear, beginning with those which came out last.

"6.—In herniæ of this species, in order to retain those parts reduced, to make use of a capsule of elastic tissue, proportioned to the tumor as it becomes diminished, and fixed in place by an abdominal belt.

"7.—When the hernia is completely reduced, the pad of the truss, with a marked convexity, should fit into the abdominal rings, and be modeled according to their dimensions."

ENSAYO SOBRE LA ACCION FISIOLÓGICA Y TERAPÉUTICA DEL JABAROEDI. Tesis para Obtener el Título de Médico y Cirujano Presentado y Sostenida ante la Junta Directiva de la Facultad de Medicina y Farmacia, por Abel Gutierrez. Julio 35, de 1881. 8vo; pp. 48; pamphlet. Guatemala: Tipografía "El Progreso" Octava Calle Poniente N. 6 Bis. 1881. From the Author.

Our Central-American confrère has taken great pains to bring together all the facts regarding the physiological and therapeutic action of jaborandi accessible at the time he wrote, in his excellent inaugural thesis. We note with pleasure that he has quoted Professor King's observation on its use in malarial neuralgia, from our columns.

We are assured by competent judges that the author's literary style is classical in its elegance, and that no writer before him has elaborated the subject more thoroughly. The brochure reflects great credit not only upon the medical profession of Central-America, but also upon the ability and taste of its publisher.

THE COMPEND OF ANATOMY. For use in the Dissecting Rooms, and in Preparing for Examinations. By John B. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, Etc. Second Edition, Revised. 16mo; pp. 198. Flexible Cloth, \$1.25. Philadelphia: C. C. Roberts & Co., 1118 Arch St. 1881.

This is as good as any of the "ponies" in the market. About the only legitimate use for such books is to refresh the memory after careful study and dissection. The enormous demand for such "helps" is evidence of the low state of medical education. The student who depends upon them for his knowledge of the essentials of medicine may be able to "squeeze through" an examination, but he will be ill fitted for practical work. Properly used, such books have a certain value; but they are generally made to take the place of better books. As such we set ourselves firmly against them.

WHO'S YOUR SWEETHEART? A Society Story for the Times. A Question of Adaptations. By Alice Le Vrai. 12mo. pp. 79; paper, 25 cents. J. H. Chambers & Co., St. Louis, Mo., Chicago, Ill., Atlanta, Ga. 1881.

Publishers of "Society Stories" very seldom ask us to inspect their wares; for which we would hereby return our heartfelt thanks—if this is a fair specimen of such productions. We confess to absolute ver-dancy in relation to this class of pseudo-literature. We have had to express our virtuous indignation at Zola's nastiness, but that garbage lover makes no pretense at representing American "Society." The callow ink-waster who has induced Mr. Chambers to lend his name as publisher of

the brochure in hand does make such a pretense. So we felt it our duty to look it over somewhat closely. "We have had our trouble for our pains," for we have never seen a more wishy-washy, inane stupid and altogether worthless putting together of words than Miss (?) Alice has here set before us.

We always did like the word "splendid." It is so suggestive of the "sweet girl graduate," so indicative of "society." In fact, to make up a "society story" without ringing the changes on this "pet of the petticoats" is almost inconceivable. We read as far as page 12 (sixth of the "Society Story") when we come upon a description of the heroine, which gave us a surfeit of splendor—here it is, italics our own: "Of somewhat more than medium height, and of *splendid figure*, her address was elegant and queenly. \* \* \* The rich and elegant dress that so perfectly fitted her tapering shoulders and *splendid bust and form*," etc.! This anatomical description is what must commend this to our readers. This is certainly "perfectly splendid," and alone ought to sell the book.

"Splendid"—possessing or displaying splendor: shining; very bright; as, a *splendid sun*. "Splendor"—great brightness; brilliant lustre; as, the *splendor* of the sun.—[Webster's Unabridged Dictionary.

Our author does not describe the "splendor of the sun," but of the *bust* of the daughter—or "sweetheart"—as it were!

#### LITERARY NOTES:—

THE CLINICAL RECORD fifteen months for two dollars. With the London *Lancet* one year, for five dollars.

THE POPULAR SCIENCE MONTHLY for September contains sixteen papers, many of them handsomely illustrated, besides the editorial departments. "Writing Physiologically Considered," by Carl Vogt, is an inquiry into the causes of the modes of writing adopted by different peoples. "The Blood and its Circulation," by H. L. Fairchild, is concluded—a popular account of the vital fluid and its movements. "Are

Cemeteries Unhealthy?" by M. G. Robinet, corrects certain errors of the advocates of Cremation. "Inheritance," by Charles Darwin gives some very curious and instructive instances of transmitted peculiarities, some of them the result of disease or injury. The remaining articles are of equal interest, but we enumerate those only which are of especial value to the medical practitioner. We commend this publication to the particular attention of our readers. Published by D. Appleton & Co., of New York. Subscription, \$5.00 a year.

THE *North American Review* for September is a most excellent number because of both the originality and the timeliness of the several papers it contains. The first is by Prof. W. T. Harris, so long and so favorably known as the able and successful superintendent of the public schools of our city. This is entitled "The Church, the State and the School." In this, Prof. Harris endeavors to settle the place of the schools as an educator. Of course, it is profoundly Hegelian in its philosophy; but, strange to say, as practical an essay as we have read for many a day. "Natural Ethics," by M. J. Savage, is a plain, fair statement of the fact that there is really a natural basis for ethical conduct. Hon. Jno. A. Kasson presents a graphic history of the Monroe Doctrine, which is very readable and interesting. Rev. E. E. Hale discusses the question, "Shall Church Property be Taxed?" and in a very conclusive manner shows that it should be, unless each individual church is able to prove that it is a *public* and not a *private* charity. "Jewish Ostracism in America," is discussed with much ability by Nina Morais. Rev. H. Ward has a rather unsatisfactory article on "The Decay of New England Thought." "Ghost Seeing," by Prof. F. Hedge, is a curious study of certain phenomena which the author accepts as real and objective, but upon which scientists in general are disposed to bestow but little attention. It is well worth reading. "Factitious History,"

by Rossiter Johnson, is a scathing criticism upon Mr. Davis' recent contribution to the history of the late war. Gen. Joseph E. Johnson and his friends ought to be pleased with this scorching paper.

We have had much pleasure in the perusal of this number, and cordially commend the *North American Review* to our readers. Published by D. Appleton & Co., of New York. Subscription, \$5 per annum.

THE "Ohio Medical Journal" succeeds the "Ohio Medical Recorder," and is the official organ of the Ohio State Medical Society. Its annual volume will contain the proceedings of that association. Ohio is the first State to adopt this method of diffusing the benefits of its annual sessions, and the future progress of the journal will be watched with much interest. Dr J. F. Baldwin, who made a pronounced success of the "Recorder," is the editor-in-chief, and he has the assistance of an able corps of associate editors. Published by Cott & Hann, Columbus, Ohio, at \$1.00 per annum.

THE New York "Medical Journal" adopted a sub-title with its July number; it will be known in the future as the New York "Medical Journal and Obstetrical Review." The editor, Dr. Frank P. Foster, is particularly well qualified to make the obstetrical department a very valuable feature of what has long been recognized as one of our best journals. Published by D. Appleton & Co., of New York, at \$4.00 per annum.

THE *Western Medical Reporter*, is the revised name of the *Indiana Medical Reporter*. The office of publication has been removed from Evansville, Ind., to Chicago. The editorial corps has been increased, although Dr. J. W. Compton remains at the helm. Published by C. S. Baker, P. O. drawer 164, Chicago, Ill., at \$1.00 per annum.

THE "Sanitary News" is an excellent health journal, especially adapted to the wants of the general public and, at the

same time, of great value to the physician. It is a monthly of thirty-two octavo pages, edited by Drs. R. C. S. Reed and C. A. L. Reed, and published by them at Hamilton, Ohio, at the very low price of \$1.00 a year.

THE "Arkansaw Doctor" is a new venture in the journalistic line, published monthly at Harrisburg, Ark., by the editor, Dr. L. J. Collins. It is a monthly of twenty-four octavo pages, and the subscription price is \$1.00 a year.

#### BOOKS AND PAMPHLETS RECEIVED.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, A. M., M. D., Lecturer on Venereal and Genito-Urinary Diseases in the Jefferson Medical College of Philadelphia, etc. 8vo., pp. 174. With sixteen illustrations. Cloth, \$1.50. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis Book & News Co.

THE MOTHER'S GUIDE IN THE MANAGEMENT AND FEEDING OF INFANTS. By John M. Keating, M. D., Lecturer on the Diseases of Children in the University of Pennsylvania, etc. 16mo., pp. 118. Cloth, \$1.00. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis Book & News Co.

LANDMARKS, MEDICAL AND SURGICAL. By Luther Holden, ex-President, Member of Council, and Member of the Court of Examiners of the Royal College of Surgeons of England, etc. Assisted by James Shuter, M. A., Camb., F. R. C. S., etc. From the third English edition. With additions by Wm. W. Keen, M. D., etc. 12mo., pp. 148. Cloth, \$1.00. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis Book & News Co.

OBSERVATIONS WITH THE HEMACYTOMETER upon the Globular Composition of the Blood and Milk. Cartwright Prize Essay. By Frederick P. Henry, M. D., Physician to the Hospital of the Protestant Episcopal Church, Philadelphia. 8vo; pp. 37; pamphlet. Philadelphia: F. A. Davis, Attorney, Publisher. 1881.

# ST. LOUIS CLINICAL RECORD

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NO. 7.

## Original Lectures.

### A CLINICAL LECTURE ON THE TREATMENT OF LOCOMOTOR ATAXIA.

*Operation for Elongation of the Sciatic  
Nerve Performed.*

BY WILLIAM A. HAMMOND, M. D.,

Professor of Diseases of the Mind and Nervous System  
in the University of the City of New York,  
October 6th, 1881.

GENTLEMEN.—The patient whom you see before you was here last week, and I then carefully described his symptoms, and told you that with his consent I would perform the operation of stretching the sciatic nerves for the relief of the disease under which he labors. He is a well-marked case of locomotor ataxia. I have operated in three similar instances, two being private patients and one a patient of the clinic—all were improved by the operation, and one of them greatly so.

But before proceeding to operate, I desire to say something to you about the general treatment of locomotor ataxia, for you will recollect that when the hour expired at the last lecture, I had not reached that division of the subject. If you see the case at an early stage of the disease I think you will often derive marked benefit from ergot. It certainly does give relief to the pains which are so distressing a feature and to the paralysis which so generally effects the bladder and its sphincter. I have frequently seen half a dozen large doses of the fluid extract of ergot enable a

man to pass and hold his urine at will, when previous to their administration he was unable to do either. If you have ever witnessed the case of a patient with his urine continually dribbling away from him by means of the paralysis of the bladder and its sphincter, you will understand how great the relief is, when the power of these organs is regained.

The bromides act well in relieving the pains, but they must not be carried very far or they will, by their tendency to produce muscular weakness, render the locomotion of the patient more difficult. They act well in combination with ergot, and you may dissolve an ounce of the bromide of sodium in four ounces of the fluid extract of ergot, and administer a teaspoonful three times a day.

Later in the course of the disease, phosphorus in some one of its forms may be administered, and perhaps best as hypophosphorous acid of which from ten to twenty drops may be given three times a day in water. Or you may use the phosphide of zinc in pills, the tenth of a grain, three times a day. Silver has also been recommended, and the nitrate is probably as convenient a preparation as any other, in the dose of a quarter to half a grain, in pills, three times a day. Lately I have made use of the chloride of gold, with apparently good results as regarded the power of coördination and consequent locomotion. I give it in doses of the fiftieth to the thirtieth of a grain.

Among internal remedies the iodide of potassium is not to be overlooked, even if

there should be no evidence of syphilitic taint. If the latter be really present, the iodide is indispensable, and I have often witnessed the most decided amelioration from its employment. Locomotor ataxia is a disease, which as I formerly pointed out to you, is characterized by remissions in the violence of the symptoms. You must be careful, therefore, not to expect too much from the treatment you may give. But when you find that soon after the patient begins with a certain medicine he improves, and that under its administration he goes on getting better for a year or more, I think you are warranted in concluding that the medicine has something to do with the amelioration. Now this is what I have repeatedly witnessed in locomotor ataxia, while the iodide of potassium was being given, and in some of the cases there was no evidence whatever that there had ever been syphilis. I might go on and mention many other medicines that have been recommended in the disease under notice, but it would scarcely be to your advantage. As a rule, locomotor ataxia goes on unchecked by any treatment, and you have a perfect right, therefore, to try anything which may have been reported as acting partially. I must not forget, however, to insist upon the use of the actual cautery to the spine, as a measure which often produces marked, if only, temporary alleviation of the pains, and improvement in the walking. It is also highly desirable that the patient should take the minimum amount of exercise. All muscular exertion is injurious.

But lately something has been suggested and that is the operation which I propose to perform to-day.

(Addressing patient). I will, with your consent, make a cut about three inches long in the back of one of your thighs. I will then stretch the large nerve that is there. I hope to do you good, but I cannot promise to do so. My opinion is that the operation will help you, but an opinio

recollect is not a promise. All I promise is to do the operation properly. It may not help you at all, but I think it will. It may, however, even make you worse.

Patient: "I want to do just what you say. I came here to be cured, if possible, and I am willing that you should decide."

Prof. Hammond: "I do not wish to force the matter upon you. You can think it over if you wish, and come here next Thursday. It is your leg and nobody has a right to cut it without your consent."

Patient: "Well, I can't stand it much longer. I'm about as bad now, it seems to me, as I can be. I don't see any use thinking about it. I've tried all these things you mentioned and they were no use. So, Professor, if it is all the same to you, I'm ready."

Prof. H.: "Very well, now we thoroughly understand each other."

To the Class: "It is commonly supposed that the stretching of a nerve causes very great pain, and patients generally express much fear at the suffering they imagine they are about to undergo. As a matter of fact, however, the operation is not at all painful. Stretching a nerve renders it less sensitive, and the only pain this man will feel will be that caused by the incision to be made in the skin. I will let him hold in his hand a towel saturated with ether, and he can inhale it if he chooses. It is scarcely worth while to place him in a state of complete anæsthesia. Now, that he is placed on the table, lying as you see on his belly, I make an incision through the skin and fascia. The length is about three inches, and the middle of it is just at the apex of the triangle formed by the biceps on one side and semi-membranosus, semi-tendinosus and sartorius muscles on the other, as nearly as possible in the middle of the posterior face of the thigh, and at the junction of the middle and lower thirds. Now, as you see, I have exposed the muscles. With the handle of the scalpel and my fingers I separate the muscles, and

here you see is the nerve. I have my little finger under it, and gently, but, at the same time, with a considerable degree of force, lift the nerve from its bed. You see it now, lying on the skin; I stretch it a little more, first in one direction and then in the other. Altogether, I suppose it is an inch and a-half longer than it was before the operation. As you see, he has sniffed at the ether occasionally and has remained perfectly quiet."

To the Patient: "Did you feel that?"

Patient: "No sir, no more than a scratch."

Prof. H. to the Class: "Those of you who are near enough can see the muscles of the leg twitching quite violently. I have had this occur in every case; and in one it was a troublesome feature all night, keeping the patient wide awake. I now return the nerve, and the gentlemen, here will close it with sutures. In every one of my cases union by the first intention has taken place."

Now, how is it possible for such an operation to cure locomotor ataxia?

In the first place no one knows that it will. The cases have been too few and the time too short for us to form any definite opinion on the subject. But that it produces beneficial results there is no doubt, and there is some reason for thinking that it really may affect the spinal cord. We know that injuries of nerves produce diseases of the healthy cord—as tetanus for instance, and there is nothing, therefore, improbable in the opinion that a diseased cord may be cured by certain injuries of nerves. But this is not all; a patient with well marked locomotor ataxia had his sciatic nerves stretched in Berlin. He was apparently cured. Subsequently he died of some other disease and his cord was examined by Westphal, without the slightest trace of disease being discovered. Either the man really was cured or else he did not have locomotor ataxia. If this operation proves beneficial this man will come back here in a couple of weeks and then, should it be deemed necessary, I will stretch the other nerve.

## EUCALYPTOL.

*The Etherial Oil of the Leaves of Eucalyptus Globulus; Its Uses in Medicine and Surgery.*

BY LOUIS BAUER, M. D., M. R. C. S., ENG.,  
Professor of Surgery in the St. Louis College of Physicians and Surgeons, Etc.

[Concluded from September Number.]

*Eucalyptol in Pyæmia and Septicæmia.*—

In the present state of our knowledge, we have to assume that the presence of micro-organisms in the body is the essential cause of pathological increase of animal heat. In a way, not as yet fully understood, the micro-organisms prompt the body to peculiar reactive efforts. All the vital functions become excessive. Oxidation of tissues goes on rapidly, and the powers of life are rapidly consumed in the struggle to eliminate the noxious invaders.

The remedies administered for the purpose of arresting the excessive and dangerous oxidation, are known as antiseptics. The action of Eucalyptol places it in the front rank of this class of therapeutic agents; not only on account of its action upon the general system, reducing the intensity of all those functions which are excited in the progress of pyæmia and septicæmia, but still more by reason of its specific destructive effects upon micro-organisms.

The correctness of this proposition has been verified by appropriate experiments. Siegan has furnished the first proof in this regard. He injected thirty grammes (nearly an ounce) of pus into the circulation of a rabbit, and Eucalyptol in the same manner at the same time. There was no rise of temperature; on the contrary, while a rise of one and three-tenths degrees (C.) was observed in another rabbit, into which the same quantity of the same pus, without Eucalyptol, had been injected. Similar results were obtained by the use of other morbid ferments, with and without Eucalyptol.

Mees and Schultz confirm the antifibrile action of Eucalyptol by their experiments with putrid materials. When Eucalyptol is brought into contact with organic substances, their normal organization remains unchanged, in spite of conditions favorable to decomposition being furnished. Muscular fibrillæ, after twenty days, exhibited their normal striations. Three hundred parts of blood with only one part of Eucalyptol added, remained unchanged for ten days; the same quantity without Eucalyptol was putrid and entirely decomposed in the same time under otherwise the same conditions.

Mees experimented with cultivated bacteria and concluded that Eucalyptol occupies the highest position among antiseptics.

Schultz compared the action of Eucalyptol and carbolic acid upon fibrine mixed with distilled water. On the eighteenth day, that mixed with Eucalyptol was preserved in its normal condition, while the presence of carbolic acid had not prevented putrescent decomposition. The same author has kept a mixture of fibrine in an emulsion of Eucalyptol in his room for a year without noticeable change. A great number of experiments have been instituted by various authors, which we omit, inasmuch as they all confirm the demonstrations cited of the superior antiseptic virtues of Eucalyptol over phenol, quinine and other anti-ferments.

*Therapeutic Availability of Eucalyptol.*—

All antiseptics have their special fields of usefulness, beyond which their action fails to be serviceable. Clinical observations demonstrate the benefits of Eucalyptol in infectious fevers, and in wounds and ulcerations with decay of organic structure. Its action upon the white blood corpuscles, indicates its power to restrain suppuration.

In the treatment of malarial fevers, Eucalyptol has already acquired a good reputation. While Professor Rosenstein prefers quinine in all recent cases, he admits its value in chronic forms—particularly in

those which are known as “dumb ague,” and which are complicated with enlarged spleen. Other authors state that Eucalyptol has been of service in cases which quinine and arsenic had failed to relieve.

Diphtheria has been successfully treated by Professor Mosler, in which affection it acts both as an antiseptic and restrainer of suppuration.

French physicians speak well of Eucalyptol in various affections of the lungs, such as asthma, chronic catarrh, pulmonary gangrene, etc.; but we abstain from entering into further details because of lack of space.

If we succeed in engaging the attention of the American profession to such a degree as to secure for Eucalyptol a fair test of its virtues at the bed-side we shall be amply repaid for our humble labors. The remedy must stand on its own merits. We should never have devoted our time to its commendation had we not ourselves derived good service from its use, and had not men spoken in its praise whose labors for scientific advancement entitle their utterances to the highest consideration. We conclude our discourse with a few suggestions as to the form of its application and administration:

Eucalyptus Oil may be given in doses of from five to twenty drops, on sugar, or dissolved in alcohol, or in emulsion with gum arabic, syrup and water.

Externally it may be applied in substance with a camel's hair brush, or its vapors may be obtained by pouring it on a warm plate; in solution with alcohol; or in emulsion.

As an injection in gonorrhœa; Mr. W.W. Cheyne uses an emulsion made with one ounce each of Eucalyptol and gum arabic in thirty or forty ounces of water, the injection to be used four or five times daily (*vide* CLINICAL RECORD for September, 1880).

Mr. Lister uses Eucalyptol with Dammar gum in the preparation of his “antiseptic gauze,” and a solution of the oil with

alcohol and water, in place of the old carbolyzed solutions, in the latest form of his "antiseptic dressing." It has *never* induced any dangerous symptoms.

In bronchial and laryngeal affections, it may be used freely by inhalation, either alone or with the vapor of water.

In diphtheria and in chronic pharyngeal catarrh, it may be used in the form of a spray, or applied directly to the fauces by means of a brush.

St. Louis, 519 Pine street.

## Original Communications.

### THE RELATION BETWEEN BRAIN DEFORMITY AND THE HEREDITARY AND CONGENITAL INSANITIES.

BY EDWARD C. SPITZKA, M. D.,

Late Physician to the Department for Nervous Diseases of the N. M. Dispensary; Consulting Neurologist to the DeQuincey Home; Pathologist of the N. Y. Medico-Legal Society; Member of the American Neurological Association, W. & S. Tuke Prize Essayist; Wm. A. Hammond Prize Essayist. Etc., etc., etc.

[For the ST. LOUIS CLINICAL RECORD.]

The conventional notion of idiocy and imbecility, associating these condition with a simply quantitative deficiency of the fore-brain is a very imperfect one. The researches of numerous observers have shown that qualitative defects, using the term "qualitative" in its wider sense, to cover both morphological and histological aberrations, are at least as common and perhaps more characteristic features of the idiotic and imbecile brain. These defects may be enumerated under the following heads:

1st. Atypical asymmetry of the cerebral hemispheres, as regards bulk.

2d. Atypical asymmetry in the gyral development.

3. Persistence of embryonic features in the gyral arrangement.

4th. Defective development of the great inter-hemispheric commissure.

5th. Irregular and defective development of the great ganglia and of the conducting tracts.

6th. Anomalies in the development of the minute elements of the brain.

7th. Abnormal arrangement of the cerebral vascular channels.

All of these conditions are separately or in the combination of several of the features above-mentioned, occasionally found in the brains of lunatics, appertaining to the clinical group of monomania.

They are also and more constantly found in that mixed and unclassified group of cases, clinically occupying an intermediate position between the higher systematized perversions of the mind, falling under the designation of monomania and the lower group of congenital imbecility;\* inasmuch as the latter cases almost universally exhibited a pronounced malformation of the cranium, and in all the cases which have been thoroughly examined, with the result of revealing cerebral defects, such malformation was a prominent feature; it may not be unwarrantable to anticipate the existence of cerebral defects, where similar external malformation are discovered during life.

There are undoubtedly cases of monomania in which cerebral defects are not discoverable.† As I shall attempt to show this fact instead of conflicting with the views to be expressed in the present chapter furnishes on the contrary a strong support for them. What is more natural than that in a series of cases, ranging between idiocy with its gross and palpable physiological defects, and monomania with its relatively close approach to sanity, a corresponding structural gradation, insensibly approaching the normal limits should exist? The general conclusion that the explanation of the existence of a certain class of

\*Several cases of this character and two falling, under the previous group, came under my observation at the New York City Asylum for the Insane, and were verified at the autopsies made.

†As in the case of David Wemyss Jobson where the gyral arrangement was peculiar, but not atypical, the transverse corrugations were well accentuated here, the longitudinal less so.

the hereditary insanities, and the basis of the manifested symptoms is to be sought for in morphological, that is, in *quasi* teratological faults of structure and not in post-natal changes, happens to harmonize with every clinical experience with this class of cases. I may briefly refer to the readiness with which any one form of this series undergoes a metamorphosis into another in the course of hereditary transmission, a fact which does not seem interpretable in any other light than in the one of a transmission of structural defects, either intensified or mitigated\* in the course of such transmission. In the sequel, I trust to show also, that in a clinical as well as in the narrowest psychological sense, there is nothing contradictory in the association of the different forms of mental alienation, with the same *kind* of defects; the very variation in their *degree* and *distribution* constitutes the strongest support of the correctness of establishing such an association with the insanities varying in the intensity and direction of their symptoms.

That the transmission of many of the cerebral defects, with which we are here concerned, occurs in some way at the moment of conception, although the exact manner of the transmission will never become known, is the universal opinion of those who have studied the subject.† Far

\*The erroneous idea has been inculcated in several recent text-books, that as soon as the degenerative psychoses have once manifested themselves in a given family line, the course of that line is infallibly towards extinction or further degeneration. This while true in the vast majority of cases is not so with regard to others. For example, the Austrian philosopher, Schopenhauer had unbecome relatives in his ancestry. The appearance of a one-sided talent or genius in a mentally unsound family illustrates the occasional triumph of the conservative over the degenerative tendencies.

†It may be generally unsafe to venture prophesying as to the advances to be made or not to be made in any branch of human knowledge; in the present instance, however, a prophesy may be risked! When it is borne in mind that the transmission of paternal qualities must take place through a single spermatozoon or, according to others, through a few such, and that, with our use of the highest powers of the microscope, only one doubtful observation (Elmer's axial thread) is on record, which even hints why the human progeny remains faithful to as fundamental a feature as the vertebrate type of its ancestry, the impossibility of tracing a hundred-fold more subtle characters in the media of parental transmission must seem evident to the most sanguine speculator.

more satisfactory is our knowledge concerning in the embryonic mechanism of these defects, and of the influence which foetal and material impressions and injuries exert on the development of the nerve centers; the latter knowledge furnishes valuable arguments by analogy in support of our conclusions regarding the hereditary group. Modern embryologists have gone so far as to imitate the known natural teratological malformation of the nerve centers by artificial methods.\* By wounding the embryonic and vascular areas of the chick's germ with a cataract needle malformations are induced, varying in intensity and character with the earliness of the injury, and its precise extent. More delicate injuries produce less monstrous development, and it is particularly the partial varnishing or irregular heating of the egg shell that result in the production of anomalies comparable to microcephaly and cerebral asymmetry. It is this latter fact, showing the constancy of the injurious effect of so apparently slight an impression, as the partial varnishing of a structure not connected with the embryo, at all—directly—that may suggest the line of research, or rather of inference to be followed in seeking for a plausible explanation of the maternal and other impressions acting on the germ. What delicate problems are to be solved in this connection, may be inferred from the observations of DARESTE, that eggs transported in railroad cars, and subjected to the vibration and repeated shocks of a railroad journey, are checked in development for several days. It requires no great stretch of the fancy to imagine a less coarse, molecular transmission to take place during the

\*REAUMUR: Art de faire éclore et d'élever en toute saison des oiseaux domestiques de toutes espèces, Paris, 1819. DARESTE: Production des monstrosités, Paris, 1877—Gazette Médicale, 1856. PANUM: Untersuchungen über die Entstehungen der Missbildungen, Berlin, 1870. SCHROCK: Untersuchungen über den Einfluss mechanischer Verletzungen auf die Entwicklung des Embryo im Hühnerel. HUNKING: Oester. Jahrb. f. Paediatric, 1878. MARION HUMKS: Beitrage zur Lehre der Exencephalie. Ibidem. II. SYMKIEWICZ: Sitzungsbericht der K. Akad. der Wissenschaft. LXXII. 3. [The latter researches were made at the laboratory of Prof. Schenk, and the experiments witnessed by myself.]

maturation of the ovum, or its fertilization, or, finally, the embryonic stages of the more complex and, therefore, more readily disturbed and distorted human germ, and thus to account for the disastrous effects of insanity, emotional explosions, and mental or physical shocks of either parent, on the offspring.\*

For the majority of cases of cerebral deformity, the cause of the deformity must be considered as existing in the germ, prior to the appearance of the separate organs of the body. The artificial deformities referred to produce analogous results, because they imitate original germ defects, either by mechanical removal or by some other interference with a special part of the germ. It is an evidence of the early involvement of the germ, that the somatic malformation in the hereditary forms of insanity often invol-

ves other parts of the body than the nervous axis; the stigmata of heredity—defective development of the uro-genital system, deformities in the facial skull, irregular growth of the teeth, and misshapen ears and limbs, owe their grave significance to this fact. Like the deformities of the brain, these anomalies are also most marked and constant with the lower forms of the hereditary group, idiocy and imbecility, and less constant and less marked with the connecting links uniting these forms to the hereditarily based systemized perversions of the mind, with which latter they are still rarer, and when present, least intense.

I cannot agree with those who seek for the source of the arrested and perverted brain development, in the reaction of an abnormally growing and ossifying skull on the skull contents. The premature ossifi-

\*All doubts as to the potency of maternal impressions to affect the shape of the fetal body and its organs must be dispelled by such positive evidences as the two following cases (one selected from the domain of zoological, the other from that of an alienist's experience) furnish: At the meeting of the Zoological Society of London, held February 24th, 1893, (Proceedings for 1893, Part I), Dr. C. E. GRAY of the British Museum presented the body of a chicken whose beak and feet closely resembled those of a parrot. The sender of the specimen reported that several such instances had occurred in his poultry yard, and he attributed the monstrosities to the fact that one of the hens had been frightened by a parrot which was kept in a cage in the same yard, and which had the habit when the hens approached its cage for food, of screeching violently at them. Far more remarkable in many respects is the case described by L. WILLE of Basel, (Archives of Psychiatry, X) when a healthy woman, while pregnant by a healthy husband, experienced a sudden fright at seeing a man without a nose. When her child was born, its nose was found flattened, there was harelip, and, besides other evidences of an early defect in the germ axis epiblast, the cerebral hemispheres were found confluent in the middle line! I have now under treatment a child, which I first saw when it was nineteen months old, and which seems to me to be a forcible example of the influence of maternal visual impressions on the conformation of the child. Its head was noticed from birth to have the following peculiarity: the frontal region being excessively narrow, the greater part of the skull cavity seemed to be crowded behind the ears. The narrowing of the frontal region was unsymmetrical, the left frontal bone appearing as if not half the area of its fellow, and exhibiting a depression, extending into the left temporal region, while the ocular aperture on that side was less wide than its fellow. Before my assuming charge of the case, it had had for three months, from ten to thirty epileptiform attacks daily, which ceased after five days, under the use of bromides and proper dietetic treatment. The child was then absolutely idiotic: it is to-day weak-minded, and altogether an "enfant arriere," had not learned to walk at its twenty-second month, and exhibits violent outbursts of temper at times. Owing to strabismus (deficiency of inner and inferior recti), it did not seem when I first saw it to use its eyes at all. At present it manages to render its ocular axes parallel by carrying its head in a certain position towards the object it desires to fixate. The only cause the healthy mother is able to assign, is a sudden fright experienced by her during a panic on board a steamer, a few weeks before the infant was born. But as the deformity in question must have originated at a much earlier period of gesta-

tion, and as the whole physiognomy of the child is an almost caricature-like reproduction of one of its father's features, I am inclined to attribute the deformity to a visual impression. The father sustained an injury of the left eye, years ago, and the palpebral aperture being closed, the whole side appears contracted, though in reality there is no cranial asymmetry in his case. In all these and similar cases, the embryonic disturbance extends far deeper than the deformity of the subject seen by the mother—an evidence that the injurious influence has partially revolutionized the germ-layer arrangements and proportions. A striking example of the influence of maternal conditions of another kind is furnished by HERBERT SANKEY, (Brain, Oct. 1878, p. 391) where in a somewhat neurotic family, all the children were normal except two, with whom the mother had had severe epileptiform convulsions while *enครรภ์*.

I have not considered it necessary in this essay to refer to the relative preponderance of maternal influence in hereditary transmission, as the existence of such a preponderance is almost a dogma of Natural History. Maternal influences being concerned in the maturation of the ovum, a process lasting many years, and the development of the impregnated ovum being also under the *regide* of the female nervous system, it is easily seen why a healthy maternal influence, limited to a brief period of the germ-history is less potent to neutralize the evil influence of a vitiated female parentage, than a healthy maternal influence is to neutralize the influence of a morbid or aberrant male ancestry. This finds its expression in the conclusions of RICHARZ:

1. The chances of the transmission of insanity are greater if the mother is affected, than if the father is insane.

2. The chances of transmission are greater for that child which is of the same sex, and which resembles the insane person.

Richarz was able after a careful study of numerous cases to establish the following order of liability to insane inheritance:

- Mother insane. 1. The daughter resembling the mother?  
 " 2. The son resembling the mother.  
 " 3. The daughter resembling the father.  
 " 4. The son resembling the father.  
 Father insane. 5. The son resembling the father.  
 " 6. The daughter resembling the father.  
 " 7. The daughter resembling the mother(?)  
 " 8. The son resembling the mother(?)

(Allgemeine Zeitschrift fuer Psychiatrie Bd. 30.)

CULLEN and BURROWS observed the more facile transmission to those children resembling the insane parent much earlier than RICHARZ.

cation theory is being abandoned even for the microcephali; it is to be doubted if it ever had any justification in view of the open character of the sutures in one of Vogt's cases. Taking merely the well-studied cases asymmetry, the variability of a single factor shows that we should be cautious in referring cerebral anomalies to any single influence. In Muhr's case, for example, the atrophic cerebellar hemisphere was on the same side with the atrophic cerebral hemisphere. The internal carotid artery of that side was of lesser calibre and the entire skull-half shortened. Here the lagging behind in growth of one skull-half appears on first sight to explain the retarded development of the corresponding halves of the cerebrum and cerebellum. In view of the atyp of the gyri however, an atyp not to be explained purely on mechanical grounds, it is more reasonable to suppose that the imperfect development of certain vascular channels was either a concomitant, or secondary to a primitive anomaly of the cerebral hemisphere. The retarded skull growth would then have to be looked upon as a tertiary occurrence, and the cerebellar defect as a final ensuing result. We know that ordinarily, with defective development of one cerebral hemisphere, the cerebellar defect is on the opposite side (case McA—fe), herein following the course of the anatomical connections, of tract development, and of the secondary degenerations. In Muhr's case, the deviation from this rule was due to the entering of the abnormal skull shape, itself secondary to other defects, as an element influencing brain growth at a special period of development.\* An abnormal shape of the skull, generally associated with a cerebral defect, and hence valuable as a physical sign, presumably indicating mental anomalies, may exert an important modifying influence at a late period on the contained brain; but the grosser defects in the cerebral architec-

ture must ante-date the period of skull growth, and be deeply implanted as an original intrinsic fault in the brain blastema itself. The researches of His\* have shown how important for the definitive shape of the body and its organs, the position of individual cells, the proportion of the germ area, the convexity and length of germ-curves and the relative rate of growth of different germ areas are. And as the experiments of other embryologists have established the possibility of producing monstrosities analogous to those interesting us here by altering those conditions ever so slightly, we may rest satisfied with the general conclusion that the fundamental error of development at the basis of the malformations associated with the hereditary and degenerative forms of insanity is to be located at a very early period of embryonic or possibly of ovuline life. Certain of these anomalies are due to a disturbance of the balance between the growth of the epiblast and mesoblast derivatives of the brain, others to a disharmony in the development of related and associated brain segments, in the severer cases both elements are combined;† these have, however, but a relative interest for us here.

It is not difficult to perceive the relation existing between a defective brain weight, paucity of the gyri, deficiency of properly developed cortical cells, and such an elementary form of mental aberration as simple imbecility. The subject of the relation between structure and function, gains in interest when we leave the domain of simple mental weakness, and analyze the relation between structural defects and the positive symptoms of insanity, that is, moral perversion, mental obliquity, delusions and morbid impulses, which stand forth as among the most characteristic and pronounced evidences of hereditary insanity.

\*The cerebellum is relatively later in attaining its full growth than the cerebral hemispheres.

\* His, *Unsere Koerperform*. That this distinguished observer went to extremes with his mechanical theory should not be passed by here without mention.

† Rokitnik: *Untersuchungen ueber den Bau des Mikrophallens Hirnes*, Wien, 1878.

Such symptoms are not limited to the higher forms of the degenerative series; they occur less constantly and less marked also in the lower forms.\* The murderous impulse of Redemeier, the sexual perversion of LOMBROSO's and GOCK's patients, the moral depravation of Lemaire and Gabites; the morbid revengefulness and the malicious impulses manifested in GIBOTTO's, STAHL's and SANTLUS' cases† are illustrations of the association with imbecility of positive manifestations of those derangements which are apt to bring the subject in conflict with the law. But other examples of more frequent occurrence, and equally important to the psychologist, if less important to the forensic physician, demonstrate the presence in the imbecile group of delusional and imperative conceptions as well as of projects and of morbid egotism, analogous to the more elaborate and systematized aberrations of the intellectual monomaniac.‡

[To be concluded in November number.]

\*Without formally expressing the relation which I have attempted to establish in this chapter, authors have recognized the difficulty of demarcating the lower and higher forms of mental alienation from each other and from intermediate groups. CRICHTON BROWN in describing subjects standing half-way between the "insane and the idiotic on the one hand and the neurotic class on the other," evidently grasped the relationship existing between these forms.

† LOMBROSO (Kraft-Ebing's *Ubersicht*, p. 43): Patient V. had strangled several women, mutilated them and drank their blood. His skull was unsymmetrical, the right frontal region reduced, there was a strong hereditary taint, no trace of moral sense or of the normal sexual desires. GOCK (Archiv fuer Psychiatrie, V.) describes an imbecile female whose sexual inclinations were towards the same sex; her mother was an imbecile. Lemaire, according to DELASLAUVE (*Journal de Médecine Mentale*, 1867), had convulsions as a child, club-foot, and had strabismus dating from these; as a child, had perverse tendencies, and murdered his mother-in-law, *in spe*, from special motives. The plea of insanity was offered, but Lemaire was executed, and the post-mortem revealed congenital atrophy of the frontal bone, and other deformities of the cranium, as well as organic lesions referred by Delaslauve to the meningitis process, occurring in Lemaire's infancy. KITCHING's case (*Journal of Mental Science*, 1867) was an apprentice, age 16, who had murdered a younger colleague in a most brutal manner with the aid of a hammer and a knife, he confessed the murder, which he claimed to have committed in revenge. Between his first and third year, he had suffered from convulsions, and remained deaf and imbecile thereafter. A physical examination revealed considerable facial and cranial asymmetry. He had committed the murder from the teebest of motives, if any; went to the court himself, confessed the crime, and was convicted because he spoke "rationally." GIBOTTO and TIBALDI (Kraft-Ebing, *Ubersicht*, p. 28) describe a patient who committed arson for "revenge," he was micro-brachycephalic, imbecile, his genitals were imperfectly developed. The parents suffered from pellagrous insanity. STAHL's similar case (Irrenfreund, 1871) was a brachycephalic idiotic subject, who destroyed trees, maliciously committed arson, and made violent attacks on persons.

## Translations.

[Translated for the CLINICAL RECORD.]

THE PLAGUE (*Lyon Médical*, October 2, 1881).—The plague has made its appearance in the district of Novgorod and in the government of St. Petersburg. Both men and animals are affected. In the Commune of Malbedew, fifty persons have been attacked and three have died, which seems to indicate exceptional benignity. In spite of circulars recommending deep burial of the bodies and hides of animals which have died of the plague, the peasants continue to flay the beasts they have lost, and to sell the hides without disinfecting them.

It is known that very hot weather usually extinguishes epidemics of the plague; perhaps, as Mr. Tholozan has said, because the sand, heated by the sun to 70° C. (= 157° F.), destroys the morbid germs it may contain. Hence, it is not astonish-

The one described by SANTLUS, was a deaf mute, of a low grade of mental development, who had been repeatedly punished for rape, arson and theft. In the case of Munzberger, indicted for murder in the first degree before the court Oyer and Terminer, in the county of New York, the writer was called on as medical witness by the defendant's attorneys, and found the accused an imbecile, presenting the peculiar expression of what an English writer terms "Kalmuck Idiotcy." The skull was asymmetrical, deformed and extremely brachycephalic. His crime was, as far as its provocation was concerned, very much like that described in Kitching's case, its manner of execution like that followed by Redemeier. An enlightened judge recognized the prisoner's imbecility after the testimony had reached the climax of bringing the prisoner's brother on the stand, who presented still more striking physical evidences of the same condition exhibited by his brother, and the impromptu elicitation by the district attorney from the brother's wife of the fact that she considered her husband "not right in his mind." One sister of the prisoner died in the State Asylum at Utica.

† Even with idiots who have not acquired language, oddities of behavior are observed, which cannot be ranked as negative symptoms. This is clearly the case with a microcephalus described by JENSEN (Archiv. fuer Psychiatrie, XI). FÜRST describes a female imbecile, imitating the type of querulent monomania, (Bairisches Aerztl. Correspondenzblatt, 1873, No. 31). KOHLER (Ueber Kindliches Irresein, Irrenfreund, 1878, No. 11) remarks the existence of a certain class of defective children, sent to idiot asylums, who should more properly be designated as lunatics, and are, therefore, more proper subjects for the alienist than the pedagogue. One boy of twelve would listen at the door, as if the subject of a hallucination, then suddenly dart through the room and tie himself with a handkerchief, thread, or anything else he could find, to a chair. Another exhibited the type of micromania to perfection. Analogous observations have been made by LELAND. KEMMINGHAUS (Allg. Psychopathologia) refers to an older observation by GREDDING, of a child born with destructive tendencies, and dying with them before reaching the second year. VEDDELL gives the cranial measurements of a cretin whose speech was imperfect, who was imbecile, and had delusions of grandeur; cranial asymmetry was pronounced. — (*Revista Clinica*, 1874.)

ing that the plague should take refuge in Siberia during the warm season.

[The disease referred to is doubtless the "Siberian Plague"—the *Charbon*, of the French writers, or the Splenic Fever, of our own authors, and not "the plague" which has devastated Europe in past ages.—EDITOR RECORD.]

**SENILE OSTEOMALACIA** (*Lyon Médical*), True, osteomalacia may be developed in the aged as in adults. The affection may show itself beginning at an advanced age—at seventy years or beyond; it may be traced back to the adult age, and the disease has followed a slow and progressive evolution up to the moment when an acute exacerbation takes place, which terminates the scene. Ordinarily, the disease begins with pains located more particularly in the vertebral column, the ribs, the sternum, etc.; it is only at a later period that they invade the pelvis and, at times, the lower extremities. These pains are vague, ill-defined, at times very violent; they occur especially when the patient would make some movement or muscular effort; they are provoked by walking. These painful phenomena, which may exist by themselves for a long time before deformity, ought to attract the clinician's attention.

Osseous deformities, occurring in people of advanced age, seem, like the pains, to be localized by preference at certain points; these are the vertebræ, which generally are the first to become flat, leading to a curving of the body and a dorsal arching with deformity of the thorax. The bones of the lower extremities may undergo a certain degree of softening, but no such deformity has been observed here as occurs in the osteomalacia of adults.

Regarding the causation, nothing special has been noted in the aged.

Anatomical examinations demonstrate that we have to deal with a true osteomalacia. Zones of decalcification are formed with the characters met with in the adult; the

lesions of the osseous marrow are, perhaps, slightly modified, by reason of the changes which it undergoes in the aged. The author (M. Demange) has not found waxy osteomalacia; the brittle form (*ostéomalacie fracturante*) has alone been observed. This is doubtless because the patients have not survived a sufficient time.

The progress of the affection is that of marantic diseases; the patient becomes enfeebled, he has an excessive fear of being moved; the slightest pressure over the osseous projections is painful; walking becomes impossible, while there is neither paralysis nor contractures; and, finally he remains in bed, legs extended, the body doubled upon itself, and the head raised high upon a stack of pillows. For a long time digestion goes on regularly; then diarrhoea supervenes and carries off the patient in marasmus, if a bronchitis or a pneumonia does not intervene to hasten the fatal issue.—*Revue de Médecine*, September, 1881.

**TREATMENT OF DISEASE OF THE HEART.** *Gazette Medica Italiana*.—In cardiac affections, modern therapeutics has begun to employ three new medicaments: Bromide of potassium, iodide of potassium and hydrate of chloral.

1. According to Binz and Sée, bromide of potassium has a direct action upon the heart and peripheral circulation, so much so, that it should be classed among the cardiovascular rather than among the nervine remedies.

According to Gubler, bromide of potassium exercises a very remarkable sedative influence over organic diseases of the heart; it causes intermission of its action to disappear, and brings down the pulsations from 108 to 78.

Prof. Dujardin-Beaumetz places bromide of potassium among the heart tonics, and places it in the first line, immediately after digitalis: "Bromide of potassium," he says, "regulates the circulation, and has

sedative qualities with relation to the cerebro-spinal axis and particularly upon the oblongata. It is very superior to opium, which increases the already too great congestion of the encephalon; it regulates the pulsations of the heart, diminishes the nervous irritability, so frequent among subjects of cardiac disease, and may thus combat the insomnia which enfeebles and exhausts the patients.

"We employ the bromide of potassium," says Sée, "1. As a moderator of the peripheral circulation, especially in cardiac affections which are accompanied with diminution of the arterial pressure, increase of the venous pressure, acceleration and irregularity of the beating of the heart, passive congestions, œdema, cyanosis and dyspnoea. 2. As a depressor of the reflex excitability. 3. As a hypnotic."

2. The second medicament recently employed with much success is the iodide of potassium. In his book on "Diseases of the Heart," published last year, Prof. Sée says of iodide of potassium, that it is not only the best agent with which to combat the asthma, but also that it is the most useful remedy in dyspnoea of cardiac origin. By preference he employs it in alterations of the structure of the heart itself rather than in valvular lesions.

3. Chloral hydrate is also frequently employed in cardiac affections. First of all, it slows the contractions of the organ, and then diminishes its energy; such is the result of the researches of Liebreicht, Demarquay, Rokitsansky, Troquart, Sée and others. Chloral acts by paralyzing, so to speak, either the intrinsic *automotor* ganglia of the heart, or the bulbar vaso-motor center.

The researches of Vulpian, Claude Bernard, Rejewski, Owjanikow, Heindenhein and Rokitsansky demonstrate that chloral hydrate has a paralyzing action upon the vaso-motor nervous center, which leads to a dilatation of the peripheral vessels with diminution of the blood-pressure. Thus,

following the action of chloral, reflex influences are incapable of exciting the vaso-motor center.

In seven patients affected with diseases of the heart, treated this year at his clinic, Prof. Renzi has employed these remedies, and from an attentive examination of these patients, he has been able to draw the following conclusions:

First. That bromide of potassium diminishes the anxiety of patients affected with cardiac affections; the experience of a certain sensation of "well-being," and respiration is more easy. Under its influence sleep is more tranquil, more easy and of longer duration; there is likewise a return of physiological sleep, which appears to be the most constant, most advantageous effect of bromide of potassium. The number of cardiac pulsations and of inspirations diminish; the decrease of the latter, to the present time at least, is the most noticeable. The cough alone seems to be aggravated under the influence of this remedy.

Second. The iodide of potassium succeeds best and is most useful in cardiac diseases. Its principal effect is to ameliorate the respiration in a remarkable manner, and especially to cause the symptomatic asthma to cease.

Third. Chloral hydrate, in small doses, may be used against the insomnia which torments cases of heart trouble. In general, however, it does not diminish dyspnoea of cardiac origin. It facilitates cerebral torpor, somnolence, phenomena which are not rare in diseases of the heart. It is very often necessary to suspend the administration of chloral, because given with iodide of potassium, it produces a grave and persistent somnolence in these patients. — *L'Union Médicale du Canada*.

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DAGGER IN THE SKULL, WOUNDING THE BRAIN, WITHOUT SYMPTOMS (*Journal de Méd. et de Chir. Pratiques*, August, 1881). — On April 8th, a man had a dispute with his wife on the subject of rent money, which

he could not furnish. Overwhelmed by her abuse, he wished to end his life. Taking a small dagger ten centimeters (nearly four inches) in length, he placed it vertically over the top of his head, and by the aid of a hammer, drove it up to the hilt. When this was done he found he was no better off than before. It only did not bring him any money, but did not make a finish of his life, and he felt nothing. He preserved his consciousness, the use of his senses and power of motion. Very much embarrassed at having so badly placed his dagger, he had to call the doctor, who attempted to remove the knife from the cranial box, but all his efforts were fruitless. M. Dubrisay was called. Our two *confrères* together were no more happy in their efforts. They lifted the patient by pulling on the handle of the dagger, but the blade fixed solidly in the walls of the skull, would not budge. They then took the patient to a neighboring workshop in order to secure some means of traction which would be sufficiently energetic. Placed between two uprights, having between them iron pincers moved by mechanical force, seated upon the ground and held there, the dagger blade was seized and drawn upon steadily and extracted, raising the patient slightly, who fell back upon the earth. He immediately got up, began to walk and reconducted M. Dubrisay to his carriage, expressing his thanks. The blade of the instrument was bent a little near its point. Hence, it must have come in contact with some hard body, which was the occipital fossa. Fearing the occurrence of symptoms of meningitis, the patient was taken to the St. Louis Hospital into the service of M. Péan; but he left there after eight days, without any symptoms of inflammation or of paralysis having been developed.

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CAPSICUM IN UTERINE HEMORRHAGE.—M. Chéron reports (*Revue Médico-Chirurgicale des Maladies des Femmes*), that the use of the aqueous extract of *capsicum annuum*

(Cayenne pepper), with success by Dr. Allègre, twenty-five years ago, in the treatment of hemorrhoids, led him to study the physiological action of this remedy and to extend its application.

It results from his experiments, that capsicum is a vascular medicament, for tissues whose circulation is of a remarkable richness; the utero-ovarian, the respiratory and the cerebral apparatus.

Cayenne pepper acts like ergot of rye upon the unstripped fibres of the vascular walls, either directly or through the intervention of the vaso-motor system; but it offers great advantages over ergot, as it is better supported by the stomach, the functions of which are simply made more active. He has used it for several years in uterine hemorrhages with the best success, whether the hemorrhage was caused by fibrous tumors, fungous endometritis or even epithelioma. The following are the formulæ:

1. Powdered capsicum, 5 grams, —77 grains, in thirty pills. To take one pill before each meal. The dose may be increased to six pills a day.
2. Aqueous extract of capsicum, - 5 grams in thirty pills. Employed the same.
3. Tinct. of capsicum, 3 grams,  $\frac{3}{4}$  drachm.  
Rum, 90 grams, - - - 1 ounce.  
Gum julep, 120 grams, - - 4 ounces.

To be taken by tablespoonfuls every two hours.

He has also used capsicum with success in headaches of the congestive form, so frequent in arthritic cases, and in hæmoptysis of phthisis.—*Journal de Méd. et de Chir. pratiques*.

♦♦♦♦♦  
WOUNDS OF THE BLADDER.—The experiments instituted by Maltrait and Vincent (*Contribution à l'étude des Traumatismes de la Vessie*, Paris, J. B. Baillière et fils, 1881), upon dogs, are both interesting and instructive to the surgeon. Intraperitoneal wounds of the bladder invariably destroyed

life within forty to fifty hours, by peritonitis, when left to themselves. But when laparotomy was performed within eight or ten hours of the infliction of the injury, the vesical wound closed with carbolized sutures, and the peritoneal cavity carefully cleansed, recovery ensued as a rule.

The authors have collected ninety-seven cases of intraperitoneal rupture of the bladder, of which but one patient recovered. Upon this one, laparotomy had been performed by Walter, of Pittsburgh, Pa., at a time when surgical interference with the peritoneum was looked upon as a most daring and reprehensible undertaking. Now-a-days, the omission of such an operation under the same circumstances would be looked upon as criminal. L. B.

**EXSECTION OF INTESTINE.**—In number 20 of the *Berlin Medical Weekly*, W. Baum, of Danzig, reports a successful removal of a section of intestine for fecal fistula. The patient, a female, aged 43 years, entered the hospital with strangulated femoral hernia. Taxis failed; herniotomy was performed. The protruding intestine was found gangrenous. Artificial anus was the result. The patient was greatly reduced when the radical operation was resorted to as follows: The fistula was cut around and detached from adjoining integuments; intestine closed by means of forceps; Poupart's ligament was divided and Gimbernat's incised; intestine, isolated from its connections, was drawn out and the mesentery, so far as involved, ligated *en masse* (Kocher); a piece of intestine was then removed which measured  $5\frac{1}{2}$  centimeters ( $= 2\frac{1}{4}$  inches) on its concave surface; and 11 centimeters ( $= 4\frac{1}{3}$  inches) on its convexity; the ends were brought together by carbolized silk ligatures and the bowel replaced in the abdominal cavity; the external wound was then closed.

On the second day, there was passage of flatus *per vias naturales*; on the fourth day fluid, and on the sixth, normally formed

feces were passed. No untoward symptoms supervened, and after six weeks the patient left the hospital cured.

A similar operation, equally successful, is reported from the Rostock surgical clinic, in the same journal. The patient, aged 74 years, had had a reduceable femoral hernia for thirty years, but which eventually became strangulated. Energetic taxis had been tried in vain before admission to hospital, hence herniotomy. The sack contained omentum and a loop of small intestine, the latter greatly engorged and discolored, but not yet gangrenous. In the attempt to replace, the intestine was ruptured when exsection became imperative. The piece removed was 32 centimetres ( $=$  nearly  $12\frac{1}{2}$  inches) in length on its convexity. Suture after Czerny's plan. Omentum and hernial sac ligated and removed; drainage tube inserted and wound closed. Recovery without any disturbance. L. B.

**EMPHYSEMA COMPLICATING FRACTURE OF CLAVICLE**, was observed by Giburt (*La France Médicale*, number 17, 1881). The lung was probably adherent at its apex from ancient pleuritis. The traumatism was violent and direct and the lung being injured by the fragments, the subcutaneous tissues became inflated. The emphysema gradually disappeared, and the fracture resulted in pseudarthrosis. L. B.

**RESECTION OF EXCESSIVE OSSEOUS CALLUS AFTER FRACTURE OF THE CLAVICLE.**—Delens (*Archives gén. de Médecine*, August, 1881), reports a case of fracture of the clavicle with considerable displacement of the fragments, in which the massive callus pressed upon the brachial plexus and subclavian vessels. The muscles were notably wasted; the hand slightly cyanotic; the temperature of the member raised, and the radial pulse lessened in volume, although the patient was able to perform the normal movements of the extremity, his muscular power was so diminished that he was unable to grasp

or hold even small and light articles with the hand. In addition, he felt tingling sensations along the arm.

The deformed portion of the clavicle was resected to remove the pressure; most of the symptoms disappeared in a few days. After some months, the extremity had also recovered its former vigor, as was demonstrable by the dynamometer.

The writer has knowledge of a similar fracture case, in which the formation of callus interfered with the phrenic nerve, causing incessant hiccup. Relief was eventually afforded by the same operation—resection.

Cases are recorded in which the angular fragments opened the jugular vein, and Dupuytren mentions a case of subclavian aneurism from clavicular fracture.

L. B.

THE INFECTIOUS MEDIUM IN ACUTE OSTEO-MYELITIS is, according to Prof. Schuller, of Greifswald, constituted by micrococci (*Centralblatt für Chirurgie*, No. 42, 1881), and he ascribes the rarification of articular cartilage in the same disease to their agency. The illustration accompanying the article, exhibits complete tracts through the cartilage crowded with the micro-organisms, displacing and consuming the cartilage cells.

He thus confirms the observations of Luecke, Klebs, Recklinghausen and Eberth.

L. B.

## Proceedings of Societies.

### INTERNATIONAL MEDICAL CONGRESS OF LONDON.

#### The Sections.

SECTION 1—ANATOMY. The first business meeting of this Section was held on the morning of August 2d, when an introductory address on "The Museum of the Royal College of Surgeons" was delivered by the President of the Section, Prof. W.

H. Flower, LL. D., F. R. S., Etc. This was a fine eulogy upon the lives and labors of the two Hunters, John and William, and more particularly of the former, who founded the museum. Of course, a description of the collection was given, and an account of the way it is supported and increased in value and completeness.

The remainder of the day was taken up with a discussion of a proposition of Prof. His, of Leipsic, relative to the attachment of the allantois to the chorion in the human embryo, and on cranial characteristics of the different races of mankind.

On August 5th, an interesting discussion on the presence of a supra-condyloid process in man took place. Hereditary transmission seemed to be recognized as the only possible hypothesis for the explanation of the occurrence of this and similar structures in man.

Prof. Lesshoft read two papers, one "On the Forces which Determine the Shape of the Bones," illustrated by numerous specimens from man and the lower animals; the second, "On the Position of the Stomach." He thought the organ is placed more vertically than is generally supposed, but the eminent anatomists present did not agree with him.

Dr. Laura, of Turin, read two papers on the minute structure of the spinal cord and medulla oblongata.

Professor Adamkiewicz, of Cracow, read a paper on the minute vessels of the spinal cord, and Prof. Tripiet, of Lyons, showed some transparent anatomical preparations of sections of the limbs, and described his method of preparing and mounting them.

August 6th, Professor Benedikt, of Vienna, described a new method of cranial measurement, and showed some drawings made by his process.

Professor Hannover, of Copenhagen, gave an account of the primordial cartilage of the human skull, and showed several embryonic cartilaginous crania and some special preparations demonstrating that

Meckel's cartilages do not unite in the median line, as is generally supposed, but that they are separated by a slight interval, and terminate in a hooked extremity.

Dr. Cunningham, of Edinburgh, read an important paper on the importance of the nerve supply in determining the homology of muscles in different animals.

Dr. Fasebeck, of Brunswick, gave a short description of some dissections which he has made to prove the independence of the small, or motor, portion of the fifth nerve.

Dr. Howard pointed out the anatomical mechanism by which a post-oral passage may be secured for the entrance of air into the lungs in cases of threatened apnoea.

At the next Session, on Monday, August 8th, Professor Kölliker gave a *resumé*, in English, of his views on the formation of the embryonic mesoderm, as seen by him in rabbits; he also explained his views of the formation of the chorda dorsalis from the mesoderm, and not from the endoderm, as is often supposed.

He then made a communication on behalf of his son, Dr. Theodor Kölliker, "On the Human Intermaxillary Bone."

Mr. Fenwick gave an account of the subcutaneous veins of the trunk, as dissected by him under the supervision of Professor Braune, of Leipsic.

The remainder of the Session was occupied with a discussion on Anatomical Teaching, introduced by a paper by Professor Struthers, comparing the British and Continental schools, and another by Professor Keen, of Philadelphia, on the advantages of a systematic use of the living subject in facilitating anatomical studies.

August 9th, Mr. Knott, of Dublin, began with an exhaustive account of "The Cerebral Blood Sinuses and their Variations."

Dr. Garson read a paper on "Pelvic Measurements," with a view to determining which are the most important for the purpose of comparing the pelves of different races. He thought the transverse diameter

of the brim a better standard than the antero-posterior.

Two important papers on Development were read by Drs. Rein and Lebedoff, of St. Petersburg. The former, in a memoir on the mammary gland, excepted to Dr. Creighton's description of the surrounding fat tissue taking any part in the formation of the parenchyma of the gland, and did not confirm Gegenbaur's statement of the peculiar mode of the formation of the nipple in ruminants.

Prof. Sapolini, of Milan, described as a thirteenth cranial nerve, the origin of the portio-intermedia, of Wrisburg, from the brain, and traced it to the chorda-tympani. Prof. Hannover gave a demonstration of the funiculus scleroticæ—the remains of the primitive foetal fissure—in the human eye.

When the business of the Section was finished, Professors Braune and His, in very eulogistic terms, thanked the officers of the Section for their courtesy and the good arrangement of the work, and the session terminated.

SECTION 2.—PHYSIOLOGY.—The work of this Section was opened by its president, Prof. Michael Foster, by a learned discourse on "The Work Done for Physiology by Englishmen." This was not intended as a boastful recital of what had been achieved by his countrymen in this special field, but rather as an encouragement to the young English physiological school to assert for itself a position worthy of its high descent.

The time of the Section was taken up mostly with discussions of important questions, rather than with the reading of papers. First in time as well as importance was the debate on the Localization of Functions in the cerebral convolutions. This was opened by Prof. Goltz, of Strasburg, who first gave a brief historical reference to the earlier researches of Hitzig and Fritsch, of Ferrier and of Munk, which had led these observers to localize certain motor and certain sensory functions in particular

regions on the surface of the hemispheres. He then detailed his own experiments upon dogs which were not confirmatory of those referred to. He had removed large portions, the greater part, of the gray matter of the hemispheres, of the motor and the sensory areas, and has seen animals thus treated recover and live for long periods of time without exhibiting any symptoms of paralysis whatever. Such a dog can see, taste, smell and feel, yet all these senses are dulled. It can move, but its movements are clumsy. It has none of the paralysis of movement, and none of the losses of special senses, which the doctrine of Ferrier and of Munk would lead us to predict. But the animal is not entirely normal. Though he is not stone blind, and can see, hear and feel in a certain manner, yet perception is greatly interfered with and the intellectual functions are weakened; the dog is in the condition of one demented, and many of its instincts are found to be perverted.

Prof. Ferrier followed Prof. Goltz, and stated *in limine* that he was prepared to accept the facts of so eminent an observer, though he rejected his conclusions. Prof. Goltz's experiments had been made upon dogs only, and he deprecated the drawing of general conclusions from experiments performed on one animal species. Without disputing the facts reported he would bring before the Section other facts observed by himself in the case of the monkey, which entirely corroborated his own views in reference to cerebral localization. He pointed out the fact that by Goltz's methods (by washing away portions of the cerebral cortex by means of a strong stream of water, or by the use of drills, with tearing and cutting edges, rapidly rotated), a simple and definite lesion could not be established; something which was quite feasible by means of the galvano-cautery under antiseptic precautions. He then referred in detail to several of his experiments on monkeys, pointing out that in

two of the cases where injuries of motor areas had been inflicted, not only was there no recovery, but that when some months afterwards, post-mortem examinations were made, there were found descending degenerations affecting the crus cerebri, the pons and the spinal cord. In a case where a lesion was inflicted upon both occipital lobes and angular gyri, affecting the supposed centers for vision, there had resulted no paralysis of motion, no loss of smell, or hearing or taste, but the animal became stone blind; its pupils became widely dilated and fixed and atrophy of the optic nerve ensued.

The two speakers added to the interest of their remarks by subsequently exhibiting the animals upon which the experiments cited had been performed. Prof. Goltz's dog showed large gaps in the continuity of its cranial walls. Saving some clumsiness in its movements, this dog exhibited singularly little which would distinguish it from the normal; it appeared possessed of considerable intelligence, and certainly did not suggest to the onlookers that it was a dog demented. In startling contrast to the dog were two monkeys exhibited by Prof. Ferrier. One of them had been operated upon in the middle of January, the left motor area having been destroyed. There had resulted right-sided hemiplegia, with conjugate deviation of eyes and of head. Facial paralysis was at first well marked, but ceased after a fortnight. From the first there had been paralysis of the right leg, though the animal was able to lift it up. The arm it had never been able to use. Lately, rigidity of the muscles of the paralyzed limbs had been coming on. The other monkey as a consequence of paralysis of its auditory centers, was apparently entirely unaffected by loud noises, as by the firing of percussion caps in close proximity to its head.

The two eminent experimenters determined to throw all the light possible upon their procedures. On one of the following

days, Goltz's dog and Ferrier's monkey were killed. The brains were removed and handed to a committee composed of Drs. Klein, Langley, Purser and Schaefer, for elaborate anatomical and histological examination, with a view to localizing the extent of the lesions inflicted by the experimenters. To the onlookers, when the brains were exhibited to the Section, it appeared that the lesion in Ferrier's case exactly corresponded to that which he had predicted; whilst, unquestionably, in Goltz's experiment, the experimenter had failed in removing considerable portions of the gray matter of the convolutions, including parts at least held by Ferrier to be the seat of motor centers.

The second debate was opened by Mr. François Franck, on the "Mechanism by which the Heart-Beat is Regulated and Maintained." He confirmed the old observations of Augustus Waller, proving that the inhibitory fibres of the vagus are derived from the spinal accessory. Mr. Gaskell followed with an account of his most recent investigations. One of the most important conclusions to which he is inclined being that the inhibitory action of the vagus is to be explained by its direct action upon the muscular tissue of the heart and not upon an intermediate nervous apparatus—the nerve probably possessing the power of regulating the transformations of matter in the muscular substances, so as to effect the readiness with which those fibres are influenced by impulses reaching them from the motor centers. According to this view the vagus would be the great trophic nerve of the heart.

After the conclusion of this debate, Prof. H. C. Wood, of Philadelphia, opened a discussion on "Animal Heat," which could not be concluded for want of time; Profs. Burdon-Sanderson and Kronecker alone taking part. The speaker described in an interesting manner his observations made with the aid of calorimetrical methods, in reference to the influence of the great

nerve centers on the production and regulation of heat, and then considered the nature of fever, which he recognized to be a process in which both the mechanisms of heat production and heat regulation were at fault.

On Monday, August 8, the discussion was opened by Prof. Rutherford, of Edinburgh, on the "Microscopical Appearances of Striped Muscle During Rest and Contraction." This was of great interest to physiologists and microscopists, but concerns the practitioner very remotely.

The last debate occurred next day, August 9, on the "Vaso-Dilator Nerves," and was opened by Prof. Morat. From researches made by Prof. Dastre and himself, he is led to believe that certain of the vaso-dilator fibres of the head and neck, after issuing from the spinal cord, make their way primarily into sympathetic trunks. This discussion on the innervation of blood vessels was participated in by Profs. Brown-Séquard, Goltz, Lepine, Dastre and Dr. Ray. The latter drew attention to his recent researches on the renal and splenic circulation. In these organs he has failed to find any evidences of the existence of vaso-dilator nerves. Dr. Ray has discovered the remarkable and unsuspected fact that the spleen is the seat of perfectly rhythmic contractions and dilations, and that in the case of the kidneys effects are produced upon the renal circulation by drugs introduced into the blood, even after division of all the nerves going to the organ.

Interesting communications were made by Drs. Klein, Pavy, Arthur Ransome, Bocci, and other eminent scientific members present, for which we lack space to give the details. The Section strongly indorsed vivisection and recommended the repeal of the present oppressive statutes restricting physiological investigations, after which the session terminated.

**SECTION 3—PATHOLOGY.**—The address of the president of this section, Dr. Samuel Wilks, was on "Pathology in its Relation

to Disease, Decay and Death." The questions dealt with were very general, and served as an admirable introduction to the detailed subjects which followed.

Two papers by Dr. Malherbe, of Nantes, on "Tumors," were read and discussed. In connection with these papers, the question of international nomenclature of these growths arose. Complaint was made of the lack of uniformity in the terms used to designate the same objects by writers of different nations. The same trouble was manifest next day in the debate on a paper by Dr. Grancher, of Paris, on "Tubercle."

Friday and Saturday—two whole days were devoted to the subject of "Micro-Organisms and their Relation to Disease." On Friday, Prof. Lister, introduced the debate, giving a clinical lecture on sympathetic inflammation and counter-irritation. He was followed by Prof. Bastian, who made a very able speech, pointedly addressed to, or rather, against Lister, but clear and to the point. He contended that micro-organisms may arise by changes in the protoplasm of degenerating or decaying tissues (heterogenesis, or spontaneous generation), supporting this notion by various experiments and strong, though possibly not invincible arguments. The next to follow was Prof. Pasteur, who, looking very ill and obliged to sit at the speaker's bar, yet threw a marvelous energy into his speech. Unable to understand our language, he had, he said, begged Mr. Lister to tell him in two words the purport of Prof. Bastian's speech. It was he understood, that micro-organism may be formed by heterogenesis of the natural tissues. "Mais, mon Dieu," said the "great father," banging his fist upon the table, "ce n'est pas possible!" "Never, never," he added, pointing his outstretched finger at the unfortunate Bastian, as if to denounce him, "are these organisms developed unless from previously existing germs or organisms." Prof. Virchow showed how essential it is that the relation of the various micro-organism to

one another should be discovered. He believed it possible by "domestication," to change the nature of certain of these organisms, and related recent experiments bearing on this matter.

On the following day, August 6, the subject was resumed from a slightly different aspect, by Profs. Fokker, of Groningen and Klebs, of Prague. The former contending that the forces of the micro-organism, and even its capabilities for good or evil, depend upon the conditions, in which it exists; the latter reviewed briefly the various organisms and diseases which appear to be associated with one another. Profs. Hueter, Pasteur and Bichamp, and Mr. Watson Cheyne, conducted the discussion to its close. Dr. Koch exhibited some admirable micro-photographs by means of the magic lantern, and demonstrated to a chosen few his cultivation methods for micro-organisms.

On August 8th, an uninteresting debate on "Renal Diseases" took place.

On the last morning, Professor Pierret, of Lyons, gave a charmingly lucid demonstration of the normal relations of the sensory and motor tracts of the cerebral nervous apparatus, and of the manner in which the sensory tract is affected, by systematic inflammation.

The *London Lancet*, from which we condense our notice, has the following suggestive comment on the work done in this Section: "It is not unworthy of notice that almost the whole of the work of the Section was done by German, French and English members, while the Americans who were present in large numbers, and took an active part in the work of other Sections, furnished only a single short communication, so little is pathology even yet studied by American doctors."

SECTION 4. MEDICINE. — The address of the President, Sir William Gull, on "Advances in Medicine," singled out the chief topics that would be discussed, and sketched the share taken by each nation in

the early development of medical science. There were 36 papers on the programme of which no fewer than one-third dealt with diseases of the nervous system. The largest share of attention was given to locomotor ataxy. The first paper read was by Professor Langenbeck, on nerve-stretching in this disease, relating successful cases, the inference being that stretching of the sciatic nerve initiated changes of a beneficial character in the spinal cord itself. Professor Eulenberg, of Greifswald, also spoke, and Dr. Brown-Séquard supported the author's views by giving the results of experiments on nerve-stretching which he had found to influence the sensory functions of nerves beyond the region of that actually stretched.

Dr. Buzzard, in a paper on certain little recognized phases of tabes dorsalis, gave a very clear account of the existence of a class of cases in which the classical symptom of ataxy is absent. He adopted Pierret's view, that the disease is essentially a chronic inflammation of sensory fibres. Dr. Buzzard lays great stress upon the importance of examining for the patellar reflex in all such cases. Lack of time prevented a discussion of this paper.

A paper by Professor Erb, of Leipsic, on "The Role of Syphilis as a Cause of Locomotor Ataxy," gave rise to considerable discussion. It was thought that he "proved too much," for, whilst he found evidence of previous infection in 88 per cent., there were no secondary symptoms in 29 per cent., and he used this as an argument in favor of the unicist view of syphilis. By comparing these statistics with those of other male adults, not the subjects of tabes, he found that only twenty-three per cent. of these had been infected at all, and but twelve per cent. had secondary syphilis. The conclusion arrived at was that "tabes, in ninety per cent. of all cases is occasioned by syphilis as one of its etiological factors;" agreeing with previous statements of M. Fournier and Dr. Gowers on the

subject. Dr. Althaus, of London, had also found a history of primary syphilis in ninety per cent of his cases of ataxy; secondary symptoms in forty per cent. M. Lancereaux, of Paris, opposed Erb's views from the pathological side, maintaining that the lesions of ataxy do not present the characters of syphilitic sclerosis, and syphilitic lesions in other organs; and his conclusion was that syphilis and ataxia were coincident, not correlated, believing the reason of the predominance shown by Professor Erb to lie in the fact that ataxy occurred in individuals addicted to sexual excesses. Dr. Banks, of Dublin, thought there was a positive etiological connection between syphilis and tabes. No positive conclusion was reached, and the question seems as open as before.

Professor Ball and Dr. Thebierge, of Paris, contributed a paper showing the "Dependence of Perforating Ulcer of the Foot upon Locomotor Ataxy."

Professor Brown-Séquard had undertaken to address the Section upon the subject of "Localization of Disease in the Brain and Spinal Cord, from a Pathognomic and Diagnostic Point of View." An abstract of his paper was offered, but he contented himself with giving a brief oral disquisition. His main contention being that groups of symptoms, rather than isolated manifestations, must be taken into account in the attempt to correctly localize disease in the brain or cord; and that the effects of a lesion in the center were produced at a distance, and were irrespective of the direct paths of transmission of nervous impulses—which he illustrated by the fact that a puncture of the medulla will produce degeneration in the sciatic nerve, and a lesion of the sciatic nerve induce changes in the motor centers of the brain. He spoke of a dynamic influence as operating thus on parts at "a distance," and said that the anterior pyramids might be cut without paralysis ensuing, and then their cut ends (central or peripheral), when

irritated, produced movements on the same side as the lesion—*i. e.*, in parts where the pyramidal fibres do not go.

M. Charcot, on the other hand, contended that the facts of clinical and pathological observation were indubitable, and could not be harmonized with the experimental evidence adduced by Brown-Séquard, who, however, asserted that he believed that certain elements were endowed with distinct functions.

Dr. Hughlings-Jackson, the pioneer in localization theory, enunciated the principles of his school by a masterly review of the whole subject in his paper on "Epileptiform Convulsions from Cerebral Disease." Dr. Jackson dealt with the following points: 1, starting point; 2, ranges; 3, march of spasm; 4, suddenness of onset, rapidity of spreading, and direction of seizures; 5, post-paroxysmal condition (paralysis); 6, post epileptiform aphasia; 7, affection of consciousness; 8, locality of lesion (anatomical diagnosis); 9, physiology of lesion; 10, pathology of brain; and, 11, treatment. His paper was followed by a debate, shared in by Dr. Brown-Séquard, Dr. Sturge, Dr. H. Weber (who cited instances of left epileptiform seizures, followed by weakness on the left side and aphasia), and Professor Baumler, of Strasbourg, who suggested the term, "dysphasia" to include the various forms of speech-defect following on the attacks. Dr. Jackson, in replying, said: that with reference to aphasia and left-sided convulsions, he had always maintained the existence of two conditions in every case of aphasia, and did not believe in any special speech center.

Dr. Greenhow opened a discussion on Addison's Disease, by reading a paper which related a recent case, and embraced a general summary of what is known on the subject. He directed especial attention to changes in the abdominal sympathetic and the pneumogastric nerve. He quoted a case recorded by Dr. Paget, of Lymph-

adenoma, in which these structures were involved, and the supra-renal capsules unaffected, where a deep pigmentation of the skin was observed during life. Dr. Semmola, of Naples, held the view that the supra-renal capsules need not necessarily be the seat of the disease, and he exhibited a drawing showing morbid changes in the spinal cord and coeliac ganglia, which he held to be the essential lesions of "Addison's disease." A like position was maintained by Dr. Guéneau de Mussy, who had met with a certain number of cases of bronzed skin, without supra-renal disease, but with affection of the abdominal sympathetic, and he adduced, in support of this, the cutaneous pigmentation of pregnancy, and the occurrence of pigment moles on the forehead in cases of abdominal tuberculosis, a phenomenon to which he attaches so great significance as to regard it as almost pathognomic. Dr. Zuelzer, of Berlin, spoke of changes in the urine; and Dr. Gairdner, of Glasgow, of the association of leucoderma with Addison's disease instancing a noteworthy case which had come under his notice. Sir W. Gull, remarking that he had seen Addison's earliest cases, reminded the members of the importance of the asthænea of Addison's disease, and of not laying too much stress upon the pigmentation. He believed the suprarenal capsules were nervous organs, in structure most resembling the pituitary body, so singularly cared for in its special fossa at the base of the skull, the function of which is just as much unknown. He expressed a doubt as to the prognosis being universally unfavorable, and that we should have to study these cases which do not die. Dr. Greenhow, in his reply, maintained that Addison's disease commenced in the suprarenal capsules and that the association of leucoderma was a coincidence, but not a very rare one, with the cutaneous pigmentation.

Several papers on Bright's disease were read, the most important of which was one by Dr. Mahomed, entitled "Chronic

Bright's Disease without Albuminuria," including an analysis of cases of high arterial pressure, producing the cardio-vascular changes characteristic of chronic Bright's disease, with red granular kidneys, but without albuminuria; the number of cases being sixty-one, twenty-one of which were fatal.

The subject of Gout was dealt with under two different aspects, viz.: In a paper by Dr. Garrod, on "Eczema and Albuminuria in Connection with Gout," and in one by Mr. Jonathan Hutchinson on "Rheumatism, Gout and Rheumatic Gout." Dr. Garrod conclusively proved the very great frequency with which eczema occurs in gouty subjects, as also renal disease pointing out the character of the renal affections. In Mr. Hutchinson's paper, he defined rheumatism as, in the main, a liability to joint disease, brought about by exposure to cold, and not through reflex nervous influences—a catarrhal arthritis; and gout, as in the main, a liability to joint disease, brought about by certain articles of food, by defects of assimilation, and of excretions—a humoral arthritis. He thus establishes a certain link between the two, viz: the liability to joint disease; but he was especially careful to point out that, in either, by hereditary transmission, a "gouty" or "rheumatic" diathesis may be formed. In support of his view of an underlying arthritic tendency or condition, he referred to the remarkable frequency of "rheumatic gout," and of the association of deposits of lithate of soda in joints, with lesions of cartilage and bone hitherto considered as typically rheumatic, and concluded his lucid exposition of the subject by referring to the existence of certain maladies which are to be "affiliated with gout and rheumatic gout, as certain forms of iritis, hemorrhagic retinitis, chronic rheumatoid arthritis, some forms of glaucoma, lumbago, sciatica and neuralgia nervi digitorum, and possibly hæmophilia." A long discussion followed, in which the

speakers did not seem to seize the special points in Mr. Hutchinson's argument. His position seemed to be simply this: that there is a tendency to arthritic disease, which may partake of the characters of gout or of rheumatism, alone or conjointly, according to the influences to which the subject may be exposed, and this position was not directly contested in the debate.

Professor Austin Flint, of New York, read, on the last day of the session, a very important paper on the Analytical Study of Auscultation and Percussion, which aimed at the simplification of the terminology of physical pulmonary signs, and basing the description of such signs upon the character of the signs themselves, and independent of the mechanisms by which they are produced. Dr. Douglas Powell read a paper on the Value of Bacelli's Sign, "Pectoriloquie Aphonie," in the differential diagnosis of fluid effusions into the pleura. Baccelli maintained that in a case of pleuritic effusion, if the whispered voice be well conducted and pectoriloquous, the fluid may be certainly regarded as serous, but, if ill-conducted or inaudible, the fluid will be found to be purulent. Dr. Powell has found the sign not pathognomonic, but of considerable value in connection with other signs. Professor Ewald, of Berlin, argued with Dr. Powell that this sign is not reliable, but that the only certain means of diagnosis is by puncture.

Dr. Mahomed and Dr. Flint united in urging the Congress to take action towards the establishment of a general uniformity of terms. On the proposal of Sir W. Gull, a committee was formed, consisting of Prof. Ewald, Prof. D'Epine, Dr. Douglas Powell, Prof. Austin Flint and Dr. Mahomed, to report to the next Congress.

Dr. C. T. Williams read a paper on the Treatment of Phthisis at High Altitudes, drawing especial attention to the increased expansion of the chest following residence at these sites, and attributable to diminished barometric pressure. Dr. H. Weber,

of London, said that it was not a mere question of chest expansion, but of purity of air, which, at high altitudes, does not promote fermentation. When hereditary influence is strongly marked, cases, even in the first stage, advance at such sites. But everywhere general medical supervision and management are essential. Dr. Wilson Fox said that phthisis was due to impure air, bad food, inheritance, and possibly septic causes. Nearly all high altitudes are curative, even in hot climates. The finest shaped chests are liable to tubercular affection.

One of the most interesting subjects of the remaining papers which were under discussion was raised by Dr. Clifford Allbutt, on the "Treatment of Scrofulous Neck." He contended for early surgical interference to remove the enlarged glands, and thus anticipate the evils of their supuration or caseation, and the liability to constitutional infection thence arising.

M. Jules Guérin repeated his views on the Etiology of Typhoid Fever, which he had previously enunciated before the Paris Academy of Medicine, in which he endeavored to prove that the disease arose from "faecal intoxication."

Dr. W. Roberts drew attention to the presence of bacteria in the bladder (bacteruria) giving rise to fermentation of the urine and vesical irritation, a condition removable in a few days by thirty-grain doses of salicylate of soda, twice a day.

Papers were also read by Prof. Eulenberg, of Greifswald, on "Graphic Representations of Tendon-Reflex;" Dr. D'Epine, of Geneva, on "Clinical Cardeography;" Dr. Redard, of Paris, on "Local Thermometry;" Prof. Lépine, of Lyons, on "Biliary Secretions in Morbid States," and Prof. Zeulzler, of Berlin, on the "Phosphor Acids of the Urine." Lack of space prevents our giving abstracts of these interesting communications.

**SUB-SECTION FOR DISEASES OF THE THROAT.**—This was one of the most suc-

cessful departments of the Congress. The first paper read was one of great interest to all laryngologist, as in it Signor Manuel Garcia detailed how it came to pass that he invented the laryngoscop<sup>3</sup>.

Dr. T. F. Rumboldt, of St. Louis, exhibited his spray-producers and read a paper to prove that these instruments furnish the best means of making applications to the superior portions of the respiratory tract. They furnish the only means by which morbid secretions can be removed from the affected surfaces without at the same time causing any irritation.

In opening the discussion on diphtheria, Dr. Morell Mackenzie stated that so far as local treatment was concerned, he placed his sole reliance on varnishes, *i. e.*, remedies which exclude the air from the false membrane, tolu dissolved in ether being the most serviceable. There was an almost complete unanimity against the forcible removal of false membranes or the cauterization of the affected surface. Ice in the early stages, steam inhalations, with or without antiseptics, in the latter stages were generally recommended. Lactic acid and lime water were praised as being the best solvents and boracic acid as an antiseptic.

In opposition to these generally received views, Dr. Mayer, brought forward, for Dr. Nix, a Danish medical practitioner, his plan of treatment, which consisted in scraping away the false membrane and cauterizing the scraped surface with solid nitrate of silver.

Dr. Lennox Brown recommended the removal of enlarged tonsils, even during an attack of diphtheria, if they offered any impediment to respiration.

In the discussion on the pathology of laryngeal phthisis, there was great difference of opinion, both as to the early recognition of the disease and its diagnosis from syphilitic ulceration. Prof. Krishaber, of Paris, considered the diagnosis of tuberculous laryngitis during the patient's life,

as very easy, whereas, Prof. Rossbach, of Wurzburg, was of opinion that a certain diagnosis of laryngeal consumption was only possible if pulmonary consumption be simultaneously present; otherwise, tubercular and syphilitic ulceration can only be distinguished from each other by their different behavior to iodine. On the other hand, Dr. Fränkel, of Berlin, said that the treatment by iodide of potassium would not differentiate it from syphilis, as tuberculous ulceration sometimes heals under the iodide. As regards prognosis, the view of the laryngologists who spoke was more hopeful than that generally held by physicians. Profs. Gerhard and Rossbach (both of Wurzburg), asserted their belief in the absolute curability of the disease.

The discussion on the motor neuroses of the larynx centered chiefly on the clinically and anatomically proven fact of the proclivity of the abductor fibres of the recurrent nerve to disease, both central and peripheral. No explanation of this curious fact was ventured.

Neuroses of sensation of the pharynx and larynx, were treated by Prof. Schnitzler, of Vienna, in a short, practical paper, and by Dr. Elsberg, of New York, read in part by Dr. Morell Mackenzie, the author not being present, in a very elaborate one.

Prof. Rossbach, pointed out the fact that the secretion of mucus in the larynx and trachea took place independent of central nerve influence.

Dr. Bayer, of Brussels, detailed all the possible consequences of the influence of the Female Sexual Organs upon the organ and formation of the voice. Drs. E. Fränkel and Semon insisted that the prognosis in these cases should be guarded as even when apparently dependent upon uterine disease, the cure of this latter was not necessarily followed by the cure of the laryngeal trouble.

The discussion on indications for Extra or Intra-Laryngeal Treatment of Growths in the Larynx, was opened by Dr. Fauvel,

of Paris, who believed that the extra-laryngeal method of treatment should be adopted only after an experienced laryngologist had established the inexpediency of the intra-laryngeal treatment. Prof. Burow, of Königsburg, offered this opinion, the only marked exception being in favor of thyrotomy in certain cases. Dr. J. Solis Cohen, of Philadelphia and Dr. Lefferts, of New York, were, however, rather more in favor of the extra-laryngeal mode than their German *confrères*, but even they limited it to exceptional cases.

Prof. Krishaber pointed out that in children the removal of laryngeal growth may be accomplished with comparative ease, by guiding the forceps into the larynx by means of the forefinger, and seizing the growth, without the aid of the mirror.

Dr. Hering, of Warsaw, based his paper on "The Results of the Mechanical Treatment of Laryngeal Stenosis," upon statistics of all hitherto recorded cases, one hundred in number. He attributed the want of success reported as not due to the insufficiency of the method, but evidently to want of patience on the part of the patient or surgeon, or to the non-adaptability of the plan of treatment to the particular case. All who took part in the discussion agreed to this proposition.

The discussion on Indications for the Complete or Partial Extirpation of the Larynx, opened by Dr. Foulis, of Glasgow, revealed a great difference of opinion between the surgeons and the laryngologists, the former being disposed to include a larger number of cases among those suitable for the operation than the latter. Prof. Czerny, of Heidelberg, to whose careful experiments we are indebted for this operation, was present and spoke on the question.

Prof. Voltolini, of Breslau, the oldest advocate of the method, introduced the discussion on the Galvano-Cautic Method in Nose, Pharynx and Larynx. The general opinion was in favor of this plan in

the nose and pharynx; in the larynx its utility was more doubtful. Some of the speakers, notably Dr. Foulis, dwelt on the advantages of the actual cautery.

Dr. Bosworth, of New York, in his paper on the Pathology of "Nasal Catarrh," asserted that rhinitis atrophica was a primary affection, and not a secondary stage of the hypertrophic variety.

Papers, on the "Adenoid Vegetations in the Vault of the Pharynx" were read by Dr. Meyer, of Copenhagen, and Dr. Lowenburg, of Paris. Both remarked on the frequency with which this affection is overlooked, and dwelt on the importance of directing more attention to it, as it is so frequently the cause of ear troubles, nasal voice, and nasal respiration, and even affections of the conjunctiva. These growths are almost exclusively met with in childhood and youth, hardly ever occurring after the age of twenty-five. Very different methods of treatment were suggested, the most remarkable of which were brought forward by Drs. Meyer, Lowenburg and Guye.

A great difference of opinion was developed regarding the Nature and Treatment of Ozæna. Dr. Krause's view that the factor, which is such a prominent feature in such cases, was due to the formation of fat and the decomposition of fatty acids, did not find any supporters. All agreed that it is not strictly curable—for its palliation, syringing, after Michel's plan, and the use of Gottstein's tampon were recommended.

Patents were exhibited, and new instruments were shown by a large number of the members. Among the latter, we notice Dr. Rumbold's excellent spray-producers attracted much attention, and Dr. Bosworth brought forward his method of removing polypi, insisting on the advantage of using No. 5 steel piano wire.

[To be concluded in November Number.]

THE CLINICAL RECORD, fifteen months with the American reprint of the London *Lancet*, for five dollars.

## Extracts and Abstracts.

CHRONIC TRIGEMINAL NEURALGIA.—Dr. E. C. Seguin, of New York, reports (*Archives of Medicine*, August, 1881), histories of unsuccessful attempts to cure three cases of this intractable affection, which are very instructive. He introduces the subject with these remarks:

"It must have appeared to many physicians besides myself that the custom of reporting only successful cases and of slighting, or altogether omitting an account of our unsuccessful attempts at cure was a bad one, and this for several reasons. One of these is that the perusal of such one-sided reports is quite sure to inspire some of our *confrères* with undue confidence in the power of our drugs over disease, and to shape their prognosis accordingly.

"Among the diseases which most tax our patience and therapeutic skill, there are few more redoubtable than chronic trigeminal neuralgia, or tic douloureux. Excellent as is the reputation of this affection for incurability, yet the published records of this committee embrace several instances of its cure by drugs in patients who had suffered fourteen years or less (*Vide*, N. Y. *Medical Journal*, Dec., 1878, p. 621)."

The first was a typical case of what Trousseau calls "epileptiform neuralgia," in an otherwise healthy man, aged 45 years. Duquesnel's crystalized aconita, Fowler's solution of arsenic, Thompson's solution of phosphorus, injections of chloroform into the cheek, fluid extract of gelsemium, iodide of potassium with mercury, galvanism and ammonio-sulphate of copper with *connabis indica*, were each given a thorough trial without benefit. Resection of the affected nerve (right infra-orbital) was then performed; the nerve, outside and inside orbit was removed; the wound healed by first intention. This was done in February. In the latter part of March and early in April, the patient thought himself improved fifty per cent., but in May, the pain returned as bad as ever.

The second case was that of a man, aged 29 years who had a similar affection of the

right supra-orbital nerve for about ten years. This patient was brought under the full effect of Duquesnel's aconitia, with very gratifying results. He was able to resume his occupation, that of janitor, after a few weeks treatment. In the last few months he has lost a half-day's time only occasionally. His general condition both physical and moral, has also greatly improved.

The third case was that of a clerk, aged 54 years when first seen, in September, 1880. Since 1876, has suffered from typical trigeminal neuralgia in two lower divisions of that nerve. Marked improvement under aconitia; treatment similar to first case, long continued, gave no permanent relief. The author writes his conclusions as follows:

"A fair summing up of these attempts at relief of incurable conditions is, it seems to me, that aconitia is the chief agent to be relied on for the relief of chronic trigeminal neuralgia and for its cure. Of course, malari-ous and syphilitic neuralgias are excluded from this statement, in them we have special indications.

"Gelsemium and arsenic have both seemed to exert a secondary beneficial influence.

"Galvanism, the actual cautery, injections of chloroform were useless. Morphia and chloral afforded mere temporary relief."

**USE OF QUEBRACHO IN DYSPNOEA.**—Dr. Andrew H. Smith, Chairman of the Committee on Restoratives of the Therapeutical Society of New York, has submitted on behalf of the Committee a report, founded on clinical data, on the use of quebracho in dyspnoea, which is published in the *N.Y. Medical Journal and Obstetrical Review* for September, 1881. Of the thirty-two cases covered by the report, eleven were of spasmodic asthma, with or without emphysema and bronchitis. Of these, in nine cases the dyspnoea was notably relieved. In two cases of asthma associated with bronchitis, no benefit resulted. One patient with emphysema and bronchitis without asthma was relieved. One with bronchitis with obesity was not relieved. Two with mitral insufficiency were not relieved. One with mitral stenosis was not relieved. One with hypertrophy with dilatation was not relieved.

In two cases of cardiac disease (form not stated) the dyspnoea was relieved. In one case of fatty heart, there was slight relief. Two patients with dyspnoea depending upon Bright's disease, in one of whom pulmonary oedema was noted, were relieved. In one case of aortic aneurism, the dyspnoea was relieved till near the close. In one case of tonsillitis, the dyspnoea, partly nervous, was relieved. In one case of cancer of the lung, dyspnoea was relieved. In two cases of pneumonia, it was relieved. One patient with hysterical dyspnoea was relieved. In one case of catarrhal phthisis, second stage, the dyspnoea was relieved. In one case of catarrhal phthisis, third stage, it was not relieved. In one case of intermittent fever with old pleurisy, the patient being an opium eater, the dyspnoea was increased. Thus, of the thirty-two cases of different diseases in which dyspnoea formed a prominent feature, this symptom was relieved to a greater or less extent in twenty-one; not relieved in ten; aggravated in one. In some instances the treatment was not pushed far enough to give a decisive result. It is possible that the nausea observed in some cases might have been avoided by the use of smaller doses, and perhaps a favorable result obtained. The fact that dyspnoea depending upon such a variety of causes may be relieved by quebracho points, says the writer, to the respiratory center as the seat of its action. Apparently, it blunts the sense of want of air, and thus mitigates the suffering from a deficient supply. But this action is not necessarily only palliative. Exaggerated respiratory efforts are often in themselves an evil, not only on account of the muscular effort expended, but from the aspiration of blood into the thoracic viscera, which results especially when the dyspnoea is caused by narrowing of the air passages rather than by solidification or compression of the lung; hence, in many cases an agent which will moderate the violence of the respiratory movements will not only lessen the distress of the sufferer, but will increase the chances of his recovery. That quebracho will often very promptly fulfill this indication there seems to be no room to doubt, while as yet there is no evidence that it is liable to produce unfavorable after-effects. The extremely disagreeable taste of the medicine and its tendency to produce nausea are, however, serious drawbacks to its use by the mouth. As yet, we

have no record of its employment by the rectum. If the active principle is isolated, so that it can be used hypodermically, a great advantage will have been obtained.

**PREVENTION OF CONCEPTION.**—In his address, delivered before the last annual meeting of the Medical and Chirurgical Faculty of Maryland, entitled "The Dangers and the Duty of the Hour," Dr. Wm. Goodall, of Philadelphia, considered some important subjects and discussed them in a very instructive manner. These were the "Faulty System of Female Education;" the "Decay of Home Life," and the "Unwillingness of Our Women to Become Mothers." We cite some passages from his discussion of the last named subject:

"The third and greatest danger of the hour embraces two sins which defile every class of society—sins which, like the plague of the frogs, creep into our 'houses and bed-chambers, and beds.' I refer to criminal abortion and prevention of conception. They come from the dainty dilettanteism of our women, which shrinks from having its patrician pleasures disturbed by the cares of maternity. They come from fashion, from cowardice, from indolent wealth and shiftless poverty. They come from too high a standard of living, which creates many artificial wants and demands many expensive luxuries. Of course, immorality has much to do in begetting them; but while regarding all these practices as grossly sinful, I wish to leave out of consideration the question of immorality *per se*. It is not the immoral classes which I wish to reach; not those whose pleasures and profits come from vice, but the wives of our citizens—our fellow countrywomen—on whose morals and good health depends the prosperity of our country, and yet who are unwittingly tainting body and tainting soul.

"I am amazed at the very low standard of morality obtaining in the community on the sexual relations. So low, indeed, has it fallen that I have known clergymen committing these sins in their own families and physicians of repute teaching their patients how to sin. To these detestable practices do I attribute in a great measure the general ill-health of our women. These flagrant sins I hold accountable for much, if not for most, of the wretchedness and misery of

this land. Why is it, asks a layman, that 'in the regions of the United States, otherwise most highly favored, nearly every woman under forty is sickly?'"\* Why is it, I ask, that the waiting rooms of our gynecologists are crowded with so many querulous and complaining women—women with back-aches and headaches and spineaches; women either without sexual feeling or too weak to indulge it? Why do so many women break down either shortly after marriage or very soon after the birth of their first child? It is, I answer, because the great majority of them, false to their vows, false to their moral and physical obligations, are trying either not to have children or to limit their number. It is, because by an immutable law of nature, there are no harmless ways by which gestation can be interrupted or conception shunned. It is because the wife, sinning the most and most sinned against, suffers the most.

"Be the mode of prevention what it may, so much engorgement and hyperplasia and disorganization of the uterine structures and annexes† takes place in those women who keep themselves sterile, that their health breaks down and they lose all sexual desire. Then, when they advance in life and there comes that inevitable yearning for offspring, they find to their dismay that they cannot conceive. What physician of ripe years is there within sound of my voice, who has not been begged by women, once willfully barren but now longing for children, to undo the mischief caused by such practices?"

A number of statistics are quoted to show the alarming prevalence of divorce cases, especially in the Northern States, and asks:

"Now, why are there so many ill-sorted marriages? Why those unhappy homes and broken households? What mean these separations between husband and wife? I answer: They mean the violation of one of Nature's immutable laws. Sex is a profound fact which underlies all the relations of life and the fabrics of society, and it cannot be ignored. The sexual instinct is given to mankind for two reasons—to perpetuate the species and to rivet the tie

\* Preface to Essay on "Drinking and Smoking," by J. Parton.

†A large percentage of my ovariectomy cases have been in women who were resorting to preventive measures.

between husband and wife, not only by offspring, but by mutual endearment. The conjugal relation is therefore twofold in its nature; it has a moral as well as physical expression, but so interwoven that it is impossible to dissociate the one from the other, without doing moral as well as physical harm.

"The causes of domestic infelicity and ill-sorted marriage are then, to my mind, clear enough. The grossness of the carnal union is redeemed by its purpose—the moral union in which is involved the desire for offspring. Deprive the marriage tie of these qualities, strip it of the family idea, and it loses its cohesiveness in intense personality and self-asserting individualism. Now, when a wife is to sickly to admit the approaches of her husband, or to respond to them; when she receives them in suffering, or absolutely refuses to entertain them; when she soils the marriage bed with the artifices and equipments of the brothel, and quenches all passion by cold-blooded safeguards; when she puts off an ardent husband to stated times and seasons; when a wife, I say, behaves in so unwifely a way, can it be otherwise than that estrangement or jealousy should take place? Can a home with such environment be a happy one? Would not most husbands be tempted to seek elsewhere for those pleasures which are denied them at home? These are nature's reprisals; these, indeed, her never-failing retributions."

His idea of "the duty of the hour" is that there should be a thorough reform in the education of our girls and in the women. These latter should be taught to have children, "first, last and all the time." the physician's duty is well set forth in the following sentence:

"So by preaching the gospel of child-bearing, by boldly discountenancing all preventive measures, and by setting his face sternly against criminal abortion, he can indirectly secure the end in view."

**MALTINE.**—Dr. J. Milner Fothergill (*London Practitioner*) writes as follows regarding this preparation:

"In order to aid the defective action upon starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to

make this ferment operative, it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter, and mixes readily with the milk, gruel, &c., without interfering either with its attractiveness in appearance, or its toothsome-ness; indeed, its sweet taste renders the gruel, &c., more palatable. A minute or two before the milky mess is placed before the child, or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and mal-nutrition."

**PULMONARY CANCER.**—Sée (*L'Union Médical*, January 22, 1881), claims that the following points are of value in the diagnosis of pulmonary cancer: First. A considerable amount of dyspnoea of a permanent character. Second. A sanguinogrumous expectoration. Third. Considerable pain. Fourth. Dullness which does not elect any particular place, but develops and grows with the neoplasm and is found but on one side of the thorax. Fifth. The vesicular murmur is not present. Sixth. Local fremitus is not to be detected. Seventh. Slight displacement of the adjacent organs occurs. If the cancer be what Sée styles compressive, oedema, dysphagia, may occur and also variation in the radial pulses, if it presses on the subclavian artery. Phthisis is diagnosticated from pulmonary cancer in the character of the expectoration, in the lesser amount of dyspnoea, by the quantitative difference in dullness and by the difference in soufflé and fremitus. The bronchial gland affections differ from the compressive type of pulmonary cancer by giving rise to not so intense symptoms. Aneurism of the aorta differs from pulmonary cancer in the presence of aortic bruit and pulsation. While these points are of value in differential diagnosis, it is obvious their value is not absolute as the cancer must have attacked the pleuræ to have produced pain, and the other symptoms will also be somewhat varied by the position of the neoplasm. Perhaps a good way of supplementing the diagnostic points given would be by a microscopical examination of the sputa.—*Chicago Medical Review*, August 5.

# St. Louis Clinical Record.

EDITED BY  
WM. B. HAZARD, M. D.

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Office, No. 5 South High Street.

## Editorial.

### SPECIAL NOTICE.

Read carefully the Special Offers to Agents, on page xvi. of the advertising department. It will be seen that the offers are very liberal and well worthy of attention.

### PRESIDENT GARFIELD'S CASE, AND ITS SURGICAL TREATMENT.

#### 2.

In our last number we showed conclusively that no diagnosis of the injury from which the President suffered was made during life or at the autopsy. The cause of death was not ascertained to a certainty by those who were present at the *post-mortem* examination. We gave Prof. Hamilton's statement in full, with the official report of the autopsy. From this statement, and from the "Report," it unmistakably appears that death resulted from pyæmia. It was intimated that this cause, if not disputed, left the attending surgeons in a very bad predicament; it would be a confession that the treatment had not been what it should have been. Pyæmia is so preventable a condition that it has been eliminated, to a great degree, from the probabilities in the treatment of most surgical cases. Therefore it became very necessary to find some other cause for this death which *must* be made to appear to have been inevitable. Of course it was found.

The *American Journal of The Medical Sciences* for October states how this was accomplished.

After describing the location of the cyst containing the bullet in the adipose connective tissue immediately below the lower border of the pancreas, about two inches and a half to the left of the spinal column, and behind the peritoneum, and stating that for about an inch from this cyst the track of the ball behind the pancreas was completely obliterated by the healing process, the "revised" official report of the autopsy goes on as follows:

"Thence, as far backward as the body of the first lumbar vertebra, the track was filled with coagulated blood, which extended on the left into an irregular space rent in the adjoining adipose tissue behind the peritoneum and above the pancreas. The blood had worked its way to the left, bursting finally through the peritoneum behind the spleen into the abdominal cavity. The rending of the tissues by the extravasation of this blood was undoubtedly the cause of the paroxysms of pain which occurred a short time before death.

This mass of coagulated blood was of irregular form and nearly as large as a man's fist. It could be distinctly seen from in front, through the peritoneum, after its site behind the greater curvature of the stomach had been exposed by the dissection of the greater omentum from the stomach, and especially after some delicate adhesions between the stomach and the part of the peritoneum covering the blood-mass had been broken down by the fingers. From the relations of the mass as thus seen it was believed that the hemorrhage had proceeded from one of the mesenteric arteries, but as it was clear that a minute dissection would be required to determine the particular branch involved, it was agreed that the infiltrated tissues and the adjoining soft parts should be preserved for subsequent study.

On the examination and dissection made in accordance with this agreement, it was found that the fatal hemorrhage proceeded from a rent, nearly four-tenths of an inch long in the main trunk of the splenic artery two and a half inches to the left of the celiac axis. This rent must have occurred at least several days before death, since the

everted edges in the slit in the vessel were united by firm adhesions to the surrounding connective tissue, thus forming an almost continuous wall bounding the adjoining portion of the blood-clot. Moreover, the peripheral portion of the clot in this vicinity was disposed in pretty firm concentric layers. It was further found that the cyst below the lower margin of the pancreas, in which the bullet was found, was situated three and a half inches to the left of the celiac axis.

Besides the mass of coagulated blood just described, another, about the size of a walnut, was found in the greater omentum near the splenic extremity of the stomach. The communication, if any, between this and the larger hemorrhagic mass could not be made out."

It is not stated that the body had been injected by the embalmer with a solution of sulphate of zinc, nor that the viscera had been kept for several days in alcohol. These are facts, however, and facts which account for the *post-mortem* appearances. The injecting fluid had filled the blood vessels and ruptured some of them, several hours before the autopsy was made. The first account for the presence of the large clot in the vicinity of the rent in the splenic artery as well as for the one found in the great omentum; the second gives a reason for the "peripheral portion of the clot" being disposed in "concentric layers," simulating an aneurism. These facts are well brought out in an editorial in *Science* of October 22, to which we refer for several logical deductions from this autopsy; which was remarkable particularly for its utter stupidity.

Without the rupture of this "aneurism," which had its existence only in the fertile imagination of those who were obliged to find something outside of the case itself to account for the fatal termination, there was nothing inevitably fatal in the nature of the President's injury. That is to say, such injuries occurring in previously healthy individuals, have been recovered from. This one fact causes this case to assume a still more mournful interest than it would pos-

sess without it. In proof of this position, we quote the following from the Medical and Surgical History of the War, Part First, Surgical Volume, page 442:

"CASE.—Sergeant James D. Hogan, Company C, First New York volunteers, was wounded at Manassas, Virginia, August 30, 1862, by a Conoidal ball, which entered two and one-half inches to the right of, and on a level with the second lumbar vertebra, and lodged. He also received a gunshot wound of the right thigh. He was treated in the field, and, on September 3d sent to Wolfe Street Hospital, Alexandria. No search was made for the ball as the patient assured the attending surgeon that it had been removed on the field. The wound seemed to heal, though very slowly, until November 17th, when a small tent-like protrusion of exuberant granulations appeared, such as are usually seen at the orifice of a sinus heading to dead bone. The patient was unable to stand erect or lie on his back. The surrounding parts being considerably inflamed and the partially cicatrized wound reopening, a careful search was made for foreign matter. The ball was found about three inches from the point of entrance, and removed by Acting Assistant Surgeon S. E. Fuller. The track of the missile was carefully explored, and found to extend four inches in a direction forward, and a little inward, where the point of the probe came in contact with spiculæ of bone. There was considerable tenderness over the whole of the lumbar vertebræ, but no paralysis or other symptom indicative of injury to the spinal cord. This man was discharged from service on December 29th, 1862, at which time he was improving rapidly, although he was still unable to stand erect. The specimen is No. 4486, section I., A. M. M., and consists of an elongated smooth-bore musket-ball, much roughened on one side. The incrustation on the missile exhibits, under the microscope, spongy bone. It was contributed by the operator. Pension Examiners Craig and Porter, of Albany, report that this pensioner's disability may be rated as 'one-half and permanent.'

The case seems to have been a much worse one than President Garfield's. In the latter, the bullet became encysted and no longer a source of danger; in the former, it must have lodged in the spongy vertebral body, and there kept up a constant

irritation, but exit was afforded the pus; in the President, this was denied him.

The writer in *Science*, already referred to, illustrating the course of the bullet, in the President's case, with a simple diagram, showing that from its point of entrance to where it was found encysted, it pursued a perfectly straight course. It made no zig-zags, turned no corners, but kept on a straight line throughout. The mistake of the surgeons in charge seems to have been in the first place, not ascertaining with any degree of certainty the relative positions of assailant and assailed. Second, in not exploring the track of the bullet far enough to find its course. Third, in not attempting any thorough drainage of the wound. Fourth, and most important of all, in permitting the interloper, Bliss, to manage the case at all. The President, his friends and all the other surgeons seem to have allowed this person to dictate everything, even the lying bulletins to which their names were unwittingly attached.

On a review of the entire case, with all the evidence in, we are not inclined to retract anything we said in our July number with reference to Washingtonian surgery; it appeared then, and still appears "simply disgraceful."

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### TONGA.

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At the request of the eminent and trustworthy house of Parke, Davis & Co., of Detroit, we give the following circular this very prominent insertion. We do this the more cheerfully as it is well known that we are in favor of the "trade mark preparations," as a rule; but we desire our readers to have both sides of the question brought before them. Every physician should examine the arguments brought forward by either party, and then take that position which seems most consistent with his own ideas of justice, at the same time regarding

his own best interests. Here is the circular:

"'A TRICK OF THE TRADE.'—An illustration of the dangers that may arise to the science of medicine from the encroachments of trade is seen in the case of the drug or compound known as "Tonga," legal proceedings in relation to which are now pending in the courts at Detroit. This drug attracting the attention of Drs. S. Ringer and Wm. Murrell, of London, as a reputed Fiji island remedy for neuralgia, was investigated by them, and the results of their investigation published, for the benefit of science, in the *London Lancet*. Drs. Ringer and Murrell's article created more or less interest in the drug in medical and pharmaceutical circles in America, which induced Messrs. Parke, Davis & Co., of Detroit, to dispatch a special agent to the Fijis to secure a supply of the genuine article for use in this country. After going to this trouble, and the additional expense of placing it in the hands of the profession quite generally throughout the country, and donating generously to the hospitals for careful clinical test and report, a moderate demand sprang up. Before, however, the investment had become a paying one, and at this late date, and English house, Messrs. Allen & Hanbury, step forward, and through their agents, Messrs. Schieffelin & Co., of New York, institute legal proceedings against Messrs. Parke, Davis & Co., for what they claim is infringement of their trade mark. It seems that Messrs. A. & H. have registered the name "Tonga" as a trade mark on the drug Tonga, and seek to gain the unlimited monopoly of the manufacture and sale of the article by means of this "trick of the trade." This trick, however, is well-known in case of the so-called "patent medicines," where the name of an article is claimed as its trade mark. The principal argument against "Patent Medicines" is, not that they are patented, for this is rarely the case, but the danger to science, and to a scientific profession, accruing from the system of unlimited control by which the proprietary medicine business seeks to lock up all knowledge of composition, and by creating an artificial demand through unscientific advertising to compete in such an unfair manner with the medical profession. The case of 'Tonga' looks very much like a trick of the nostrum ring to persecute Messrs. Parke, Davis & Co., because of

their well-known antipathy and telling strokes against this abuse of the trade mark law. It is to be hoped that the efforts of this house to put pharmacy on a scientific basis will be properly appreciated by the profession."

It appears to us that the London firm has attempted to take an unfair advantage of the trade mark law by copyrighting an article of the *materia medica*. There would be just as much justice in a copyright of the *curare* or *gamboge*, or any term applied by the natives to a new and undetermined article of this character. Our sympathies are with the Detroit house in the "Tonga" war.

EUCALYPTOL is for sale by A. A. Mellier, and Meyer Bros. & Co., of this city, besides the firms mentioned in the advertisement on another page. These names were unintentionally omitted from the list of authorized agents for this excellent preparation.

MESSRS. WM. R. WARNER & Co., of Philadelphia, have favored us with a number of samples of their special preparations. Among these, we would especially direct attention to their "Parvules," a class of specialties to which sufficient notice has not been given. They permit the physician to give his remedies in a very pleasant and attractive form. "Pancreopepsine" is a very efficient aid to digestion, put up in elegant style. The sugar-coated pills of all kinds, manufactured by this old and trustworthy house, we have always found *soluble* and of full weight and efficiency.

## Book Notices and Reviews.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, A. M., M. D., Lecturer on Venereal and Genito-Urinary Diseases in the Jefferson Medical College of Philadelphia, etc. 8vo., pp. 174; with Sixteen Illustrations. Cloth, \$1.50. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: Book & News Co.

The younger Gross has written a very interesting and valuable book which we hope will be widely read and studied. In his preface he opposes the prevalent notion that impotence and spermatorrhœa are functional diseases of the testicles, and in chapters one and three he brings forward a mass of evidence to prove that they are dependent upon reflex disturbances of the genito-spinal center, and that they are almost invariably induced or maintained by appreciable lesions of the prostatic portion of the urethra, which are generally unperceived by the patient and overlooked by the physician.

One of the propositions most strongly insisted upon by the author is that stricture with gleet discharges is *very frequently* caused by masturbation, and that the presence of stricture, from this cause or from gonorrhœa, is, in a large number of cases, the cause of impotence and spermatorrhœa. These positions he supports with an array of evidence that carries conviction to the unprejudiced reader. The value of the bulbous explorer in the detection of these strictures is very properly enforced with emphasis.

The relation between onanism and insanity is well expressed (p. 27) as follows:

"While in persons with an inherited predisposition to nervous diseases, as insanity and epilepsy, there is no reason to doubt that onanism may hasten their appearance, I believe that in the majority of cases it should be regarded rather the effect than as the cause of these affections. From the constant occupation of the mind with the local troubles which it induces, it certainly does, however, give rise to a bad form of hypochondrism, which is akin to insanity."

We can not agree with him in the following, however much it may be in accordance with the text books:

"Masturbation and sexual excesses are among the most common of the causes of general paralysis of the insane, and the disorder is supposed to extend upwards from the cord to the brain."

As Dr. Spitzka has pointed out, and

which our own limited observation confirms, those most addicted to these sexual vices are *not* the ones most generally affected with general paralysis. This affection is no exception to the rule as laid down by Dr. Gross with reference to other nervous affections.

In these days of mechanical ingenuity, the following aphorism may be necessary to discourage any false hopes in the victims of certain malignant diseases (p. 70):

"Loss of the penis through disease or through design is irremediable."

Is there still hope for the subject of accident or of inadvertance of the midwife?

In the chapter on sterility, the abnormal conditions of the semen and the causes which deprive it of its fecundating qualities are considered very thoroughly, and the importance of examining the husband before subjecting the wife to gynecological treatment for alleged sterility, is well set forth. He states that in at least one-sixth of such cases the husband instead of the wife is at fault.

The book is an excellent one; it is well written and handsomely gotten up. We can cordially commend it to our readers.

#### LITERARY NOTES:—

THE *Atlanta Medical and Surgical Journal* has been discontinued, or rather it has experienced a change of editors, and with it a change of name. It will hereafter be known as the *Atlanta Medical Register*. Drs. J. B. Baird and J. T. Johnson being the new editors. The subscription price has been reduced to \$2.50 per annum. We wish the rejuvenated *Journal* all possible success.

THE *Popular Science Monthly* for October contains thirteen articles besides the editorial departments. Among those most acceptable to the medical reader, we note Prof. Huxley's address before the International Medical Congress of London, on the Connection of the Biological Sciences with Medicine, and that of Sir James Pa-

get, at the opening of the Congress, on the Cultivation of Medical Science. These by themselves are worth the subscription price for a year. Published by D. Appleton & Co., New York, at \$5.00 per annum; single copies, fifty cents.

#### BOOKS AND PAMPHLETS RECEIVED.

TRANSACTIONS OF THE AMERICAN GYNICOLOGICAL SOCIETY. Vol. 5, for the year 1880. 8vo., pp. 470. Boston: Houghton Mifflin & Co. The Riverside Press. Cambridge. 1881. From the Secretary, Dr. James R. Chadwick.

TEXT BOOK OF MODERN MIDWIFERY. By Rodney Glisan, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Willamette University, and late President of the Oregon State Medical Society. 8vo., pp. 639, with 130 illustrations. Cloth, \$4.00. Philadelphia: Presley Blackiston, 1012 Walnut St. 1881. St. Louis: H. R. Hildreth Printing Co.

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# ST. LOUIS CLINICAL RECORD.

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## Original Lectures.

### SCARLATINA.\*

*An Epidemic Presenting some very Unusual Features.*

BY D. S. BOOTH, M. D.

MR. PRESIDENT AND GENTLEMEN:—

Scarlet fever is truly a commonplace subject to present you, but I am persuaded that the inception, rise and progress of this disease, as it manifested itself during the fall, winter and spring of the years 1880 and 1881, on my vantage ground, will prove of sufficient interest to justify my reporting and of your listening to it.

It hardly does the winter justice to divide it in this manner, for the simple reason that the cold weather commenced in October and continued uninterruptedly until the middle of April or the first of May. From the first warning of scarlet fever, as a peculiar sore-throat, to its termination, it presented so many phases that I am at a loss as to how to present it systematically.

Trousseau says: "Scarlatina is more variable in its forms and symptoms than any other of the contagious exanthematous fevers; and its dangers are also more difficult to foresee. Scarlatina may exist without showing itself on the skin; and when this is the case the disease is none the less serious on that account."

During the run of and before the scarlet fever made its appearance, its congeners,

measles, whooping-cough and Røetheln were raging, and as these diseases, one or more, were frequently engrafted upon, or manifested themselves, as intercurrent or epiphenomenal diseases during the run of scarlet fever, it will be necessary to have more or less to do with these diseases. And that which is true of one is applicable to all, so far as this particular epidemic is considered.

I desire to present the subject as I, from my point of observation and ability, beheld it. Even its beginning was unusual to me; and had I not been familiar with Trousseau's description of the disease, I could not have diagnosticated it correctly, when I did.

For it was not like a volcano, a quick and open rupture, but slow and insidious in its prodromata, giving warning for weeks beforehand, like the rattlesnake, that it was near at hand, and would surely strike.

If we could always be forewarned of the visitations of these dreaded epidemical diseases, half of the battle would be gained; as we then might set our house in order and thus rob them of very much of their terror.

Or if by any means we can become so well acquainted with the signs and symptoms of disease, that we can see it from afar off, like a beacon light, then we could set about our ship, and steer clear of many of the dangerous places that we would otherwise encounter.

In his article on scarlet fever, Trousseau says: "To my mind he is the best physician who knows beforehand what is going to happen. By penetrating into, clearly

\* Delivered before the Tri-States Medical Society, at St. Louis, October 25th, 26th and 27th, 1881.

describing the present and the future of the maladies of his patients, and explaining symptoms which they omit to state, he will gain their confidence. Convinced of his superior intelligence, they will unhesitatingly place themselves under his direction. It is impossible to restore every patient to health, but the prediction of the succession of symptoms will be even more highly appreciated. It is of importance to recognize the nature of similar affections, to know the extent to which they exceed the constitutional power, and likewise to discern where there is any supernatural element in the disease; for that is a point which affects the prognosis. It is in this way that the physician will obtain the merited mead of admiration, and practice his profession with ability. Knowing the cases which are curable, he will be the better able to guard his patients from danger, by indicating the precautions to be taken against each untoward contingency; and by foreseeing and predicting fatal and favorable issues he will escape blame."

On or about October 1st, 1880, cases presented themselves to me for advice and treatment, in which the salient and all-absorbing source of discomfort and complaint were disagreeable and uncomfortable sensations in the throat. In the mildest of the cases there was no external evidence of disease; and upon an internal examination of the buccal cavity, but little was revealed, other than the tongue was coated with a thick brown fur, with the papillæ projecting through the same, of a deep red color; but upon reaching the velum palati and fauces, a deep cherry-red color met our gaze, continuing on into, and covering the entire pharynx, as far as vision could extend. The tonsils were usually but slightly enlarged, but free from any ulceration or deposition of any kind. The breath was offensive, and there was no desire for nourishment. The hearing and smelling were slightly obtunded, symptoms produced no doubt by the congested condition of the

pharynx and tonsils, and of the mucous membrane of the nostrils. There was more of uneasiness in deglutition than of pain; no marked increase of temperature, or acceleration of the pulse, and but little increase of thirst. This condition of things would exist for a week or ten days, when the patient would gradually lose all of his unpleasant symptoms, and find himself restored to his accustomed health, and with no other assistance to the *vis medicatrix naturæ* than rest, abstemious diet, or some simple domestic treatment.

This peculiar inflammation of the throat reminded me of Trousseau's "scarlatinal sore throat or defaced scarlatina," [*scarlatine fruste*.] And I so pronounced it. I was so thoroughly grounded in the belief of the correctness of my diagnosis in these cases, that I warned them of the dangers of communicating it to others, not only in the present form, but as true and complete scarlet fever. Allow me to say that we were able to trace some very severe cases of scarlet fever to these mild defaced cases, that even gave severe sequelæ, and complications during their run. Two malignant cases that died were traceable indirectly to cases of scarlatinal sore throat. I furthermore warned the other members of the medical profession in our city of the nature of the disease that I had discovered, that they, being forewarned might be forearmed, and thus be prepared to meet it in any form that it might present itself to them.

We had every gradation, from the above, as the mildest, to that in which the throat symptoms aped diphtheria so strongly, that without the other distinguishing symptoms, it would have been impossible to make a clear and correct diagnosis; happily these we always had, such as high temperature, frequent pulse, strawberry or beefy tongue, rash, albumen in the urine, the peeling of the skin, etc., etc.

These "defaced" cases appeared to give the same protection against subsequent attacks as any other form of the disease, as in no

instance did they contract scarlet fever subsequently, although we treated cases afterwards in other members of the family, without any precautionary measures being adopted, so far as related to those who had had "defaced" scarlet fever.

None of our "defaced" cases gave us any of the sequelæ of the disease, so far as we are aware.

None of my first cases were traceable to a direct contagion, but appeared to depend upon the exceedingly low temperature, with the winds from the north, moving as a pandemic wave, until it found soil suitable for the growth and propagation of the disease.

As to when and how long the contagion holds its infecting power has not been determined, it is still *sub judice* and being undetermined, would it be arrogance for me to suggest the possibility of the formites being conveyed by these northers, while in an impalpable powder, from its then habitat to a climate and soil congenial for its fructification?

For some time prior to the appearance of the disease in our vicinity, it had been raging two or three hundred miles north of us.

But I am also satisfied that it might have been developed *de novo*, for it must have had a beginning; but by this, I do not wish you to take me for a believer in spontaneous generation, without a parent; or even a believer in that other absurdity, evolution, only as like begets like, in kind and degree and not a transformation of kind and degree.

Gentlemen, the next peculiar phase of the run of scarlet fever, that visited us last winter, was its hybridizing, amalgamating and modification produced by two other epidemics that were raging in our city and vicinity at the same time.

Also the occasional existence of Rôtheln or German measles, although given distinct cognomen, and has existed in former years with us as a distinct disease; yet, in studying it this past winter in connection with

the diseases under consideration, I was almost forced to the belief that it was a veritable amalgamation of scarlet fever and measles. January 6th, 1881, I was called to G. W. G's to see three children, aged about five, seven and nine years respectively.

I diagnosticated the case of the youngest child to be Rôtheln, with the following symptoms, viz.: A light red-colored rash over the face, neck, body and extremities; a white fur upon the tongue, with a fine but sharply defined papilla projecting through, and elevated above the disseminated rash; the rash appearing in circular blotches. There was a light catarrhal blush in the nose, mouth and pharynx, sneezing, suffusion of the eyes, some cough and slight fever were the prominent symptoms.

The other two children appeared to be well marked cases of scarlet fever, of a mild anginose type, but uncombined with, or modified by anything else. One of these latter cases had a severe sequel of rheumatism and the other had a slight œdema of the lower extremities. In four or five days after ceasing my visits to the three cases above recited, I was recalled to see two new cases, one of them was a case of scarlatina anginosa, strongly approaching the malignant form, unmodified and followed by the sequel of rheumatism; the other pursued a mild course without any such sequel. These cases all recovered, but sequelæ followed three of the cases, and it was several weeks before I could cease medication entirely; this was particularly so in a young lady of eighteen years of age one of the last.

In another family where I had five cases, all under treatment at the same time, and where they were graded as to degree, complication and age, *e. g.*, mother, hired girl, and three children, the youngest about eighteen months old, for measles.

About the second day after the appearance of the papilla, in the case of the mother, the characteristic paroxysmal whooping

cough, with vomiting, terminating every effort of coughing.

This lady is quite intelligent and her replies to questions to the point, and she was about as good at asking questions as at answering them.

She persisted in my giving her a full explanation of the *why* of her singular cough. I told her that her attack of measles was being modified by the epidemical influence of whooping cough *which* was then raging in our city and vicinity.

This appeared to surprise her very much, but she admitted that she had never had whooping cough, or in fact, any of the diseases classified as infantile. Now, this lady upon the second day of the appearance of the papillæ, or sixth of her attack of measles, had the rash of scarlet fever to appear upon her neck and face, and in two days to extend over the entire body and extremities.

The rash finally filled up the entire spaces between the papillæ of the measles, and the peculiar whooping cough, with the vomiting continued. The rash was of a light red color when it first appeared, and light pressure with the finger would temporarily obliterate it, but it continued to deepen, until it became almost purple in color by the eighth day. Her throat was very severely inflamed, and it was with great difficulty that she could perform deglutition, even of liquids. Her tongue was coated with a dark fur, projecting through which, were red papillæ. The fur was cast off in a few days, leaving the true strawberry tongue.

From the appearance of the rash, her temperature gradually increased, and the *lyssa* of her new disease was truly wonderful and everything that before existed was also aggravated. Her temperature reached as high a point as 108, for a short period. The glandula concatenate were all more or less enlarged, feeling like small marbles under the touch. Upon making an examination of her throat, on the tenth day, I

found an "ash-colored" exudation covering her entire throat posterior to the anterior half-arches, and upon the same in front. The isthmus faucium was almost closed by the swollen and inflamed tonsils, uvula, velum palati, and all the parts concerned in their formation.

I removed some of these pseudo-membranes, and was startled to find deep, ragged ulcers beneath. My first impression was that I had diphtheria engrafted upon the other diseases, this, in addition to what I already had to treat in her case, would have proved too much for my patient to bear.

I informed her husband of my worst fears, and was desirous of consultation, but, fearing the imposing upon me of an unqualified and unprincipled man, I deferred doing so at the time.

A few moments after leaving the bedside of my patient, I met Dr. H. R. Guthrie, when I gave him a description of the case. And he thought that my worst fears were well grounded. After a long illness, she finally recovered, and to-day (October 9th, 1881) appears to be in good health. •

The other members of the family had scarlet fever to follow the measles, but, as there was not anything unusual in their cases, I shall pass them by.

The next family that I desire to call your attention to, contracted the disease from, or at least was easily traceable to, a case of supposed measles; as the attending physician so pronounced it, and that, too, even after I called upon him and informed him of the nature of the cases that I was then treating. He well knowing that my cases were easily traceable to his for their contagion, as they both occupied the same house, with free and uninterrupted communication between the families.

To make myself well understood, it will be necessary for me to go somewhat into detail, that all may see the route I take to account for the contamination of the two cases now alluded to.

Two families occupy a tenement house, Dr. A. is the family physician to one family, Dr. B. to the other. Dr. A. is called to a little patient, and diagnosticates the disease as measles; but the grandmother and mother of Dr. B's family call in while Dr. A. is visiting his patient, and ask the doctor as to the nature of the disease. Dr. A., unhesitatingly and unequivocally, declares the case to be measles. The mother of Dr. B's patrons informs Dr. A. that if it was measles she has nothing to fear, as her children had all had measles, and, turning to two of her children that were then in the sick-room, replies to Dr. A. that there were two of her children, that had lately recovered from it.

Dr. A. again assured them that they could rest perfectly easy, as it was a very simple case of measles, and that there was not any danger to her children.

Four or five days after the above occurrence, I was called to see the two children above alluded to as being present at Dr. A.'s visit to his patient. To distinguish them I shall use the numerals 1 and 2. No. 1 had been removed to a distant part of town, and this case I diagnosticated malignant scarlet fever. It ran an uninterrupted course to dissolution in the short period of four days. The most prominent symptom being excessive hemorrhage from the mouth and throat. Case 2 made a good recovery, but it remained with its grandmother in the tenement house above alluded to.

Two or three days after the death of No. 1, I was called to see three more cases in the house where No. 1 died. They were the mother of Nos. 1 and 2, and two other children. The mother and one of the children recovered without anything striking manifesting itself. The other child, six years old, the youngest of the family, passed from bad to worse, and lingered along for a month, and finally died.

This was a severe case of scarlatina anginosa, in which otitis media of both ears

was the intercurrent complication. But the striking feature in this case was that the child had chronic tuberculosis, consequent upon an attack of catarrhal pneumonia four years before, when the child was only two years old. The mother informed me that the child had been expectorating immense quantities of "yellow stuff," like its grandmother, and threw off as much or more than she did. The grandmother of the child has been expectorating tubercles in large quantities for more than twenty years. I have frequently examined her sputa under the microscope (650 diameter). And she has, at times, suffered from severe hemorrhages from her lungs, and occasionally calcification of the products had taken place, and she would expectorate lung calculi. The family history on both sides of the house is bad, and, hence, I explain the why of this child's lungs.

Here was a case of consumption in a child, the result of catarrhal pneumonia, in a feeble lung. This form of pneumonia is always a secondary disease, and, in a child with a bad history, liable to terminate in consumption, by caseation, while collapse of lungs is to be feared in the previously healthy child.

In this case, the exfoliated or detached epithelium of the bronchioles, and of the alveoli, proliferated, then fatty metamorphosis, then caseation, and, finally, liquefaction of these products, and then expectoration of the same as tubercle. It was necessary to see the sputa expectorated to fully realize the condition of this child's lungs. I examined it very carefully as to quantity and quality, and I am forced to admit that, without seeing, I should have doubted the simple statement of the case from another, and this being so, I shall not attempt to give a full description of the case here.

Severe general dropsy followed two of my cases of scarlet fever, both cases were under treatment for four or five months after recovery from the original disease.

Both cases passed large quantities of albumen in the urine, while one of them passed considerable blood. They both, finally, made a good recovery. I should have stated that both these cases were simple scarlet fever—*scarlatina simplex*.\* The father of one of these children died, a few months before, of uræmic toxæmia, as the result of Bright's disease.

Some of our cases had abscesses in the cervical region, involving one or more of the lymphatic glands, the result, I believe, more of septic infection than of the contiguous inflammation. Anxious to make this paper as complete as possible, in the portraying of our scarlet fever epidemic, I called upon our physicians who had worked in said epidemic, to furnish me short reports of three or four families, where scarlatina in its visitation and meanderings furnished anything striking or peculiar, and Dr. H. R. Guthrie furnished me very kindly with the following, which I now embody in my own language.

On March 1st, 1881, I was called to see a child, 5 years old, with what was supposed to be measles. I found the papillæ of measles gradually receding, they having run their allotted time. But in place of the fever abating, it evidently was on the increase, with a hot, burning skin. Between the papillæ of the measles a fine red rash was easily made out. The throat was of a deep red color. I then diagnosticated this case to be scarlet fever engrafted upon measles. In this case rheumatism followed; also enlargement of the glands of the neck, with ulceration of the same.

Two days thereafter, March 3rd, I was called to another case in the same family, aged 3 years, with measles.

The papillæ were just commencing to make their appearance, which run its usual course, but as soon as the measles had

passed its acme, scarlet fever made its appearance, marked by high temperature, fauces and pharynx swollen, and of a deep scarlet color. The eruption upon the skin was not as bright as it should have been. I diagnosticated this as a case of *Scarlatina Maligna*. Soon after the appearance of the eruption the submaxillary and posterior auricular glands became enlarged, and the kidneys and bowels became involved, manifested by scanty urine and diarrhœa. Three days after the first appearance of the eruption, the brain became involved, and two days more closed the scene in death.

On March 9th a third child, aged 8, was attacked, first with measles, then in the decline of the eruption scarlatina made its appearance. This case followed about the same course as the first, except that the rheumatism was more marked, and that deafness supervened on the enlargement of the posterior auricular glands, and the inflammation continued in them to suppuration. Since the discharge of pus has ceased the hearing has returned to its normal condition.

Upon my first visit, March 1st, I examined a fourth case, which the parents supposed had had measles, but was then convalescent. There was neither fever nor eruption, but the throat was too much involved for measles.

I told the parents that I would not say that the child had not had measles, but I would say that she then had scarlet fever. In a few days the child's hands peeled, and the cuticle from the body was cast off in small particles, resembling fine bran. Simultaneously with the desquamation of the cuticle, rheumatism made its appearance, and there also existed œdema of the lower extremities.

Four weeks after the first attack, and ten days after the last of the other children had recovered, she was attacked with measles, and had a full crop of the eruption, which run the usual course. Proving that the first attack was an uncomplicated

\*I had other cases of simple œdema of the lower extremities, and, while albumen was found in the urine, there was nothing of interest to record in relation to them. They made good recoveries, but, of course, remained longer under treatment than they would have done without the sequelæ.

attack of scarlet fever, and the first to make its appearance in the family; after this, three cases of measles, followed by scarlet fever, in each of the three cases, the measles following four weeks after an attack of scarlet fever in the first case.

The second series of cases occurred in the family of W. H. W., three miles south of the city. To the first I was called March 20th, 1880. It was a child aged one year, and had been complaining for four or five days, at the time of my first visit. Its skin was covered with a fine eruption of a scarlet hue, bordering on purple, and high temperature.

The tongue was covered with a dark brown exudation, and the tonsils and pharynx with a darker coating. Two others of the children were complaining with sore throat, and had fever; I pronounced them all scarlet fever.

March 22nd, two days after, two more were attacked, and on the 25th the sixth case was assaulted in the same family.

In two of the cases, both nearly grown, severe vomiting was a very severe and troublesome symptom, until the eruption made its appearance and was fully out.

In the case of the infant, the throat was the point on which the disease spent its force, it being its weak organ, by reason of several severe attacks of tonsillitis the winter before.

The next to the youngest, had had ulceration of the glands, situated in the vicinity of the external auditory meatus, this being a weak point in this child, the ear was attacked in the sequela, and partial deafness has resulted. In the two youngest, ascites with œdema of the lower extremities followed. These six cases all recovered without leaving any serious results, except the partial deafness of the babe.

In tracing the history of these cases, I found that one of the children, a girl thirteen years old (this in addition to the six cases above reported), had had a sore throat, with slight fever and a slight redness of the

skin, but as all the symptoms were so slight as to cause no uneasiness or caution on the part of the parent; this occurred some eight or nine days before the babe was attacked (which was the first of the cases that I was called to treat), the parent reported her case so mild, and that not suspecting or knowing anything of scarlet fever, that she was permitted to continue at school. But upon making further inquiry I found that Dr. Booth had been treating her teacher for scarlatinal sore throat, and I believe this was the source through which the disease entered this family, and by which the rest were contaminated, as it was the only other family in the neighborhood thus diseased.

This paper being limited as to the time allowed for its rendition, I shall be forced to abridge, and in fact, cut off, many points, that I would have been pleased to discuss and clear up before closing.

"Rubeola or Rötheln resembles in its exanthem that of measles more than that of any of this class of diseases. But the size, form and color of the spots will clear up this part of the diagnosis. In rubeola, the spots are less, their form more round, they are not so angular and indented, nor so often provided with processes; owing to the very slight swelling, they seem paler and more as if they had been sprinkled over the surface. The rash is lighter in color than either measles or scarlet fever, and the desquamation is entirely absent in most cases. The most important symptoms after those of the skin are afforded by the mucous membranes of the air passages, and of the buccal and pharyngeal cavities" (Thomas, *Art. Rubeola*, Ziemssen *Cyclopaedia*, vol. 2d). Then, in Rötheln we have little or no initiatory fever, but sneezing, suffusion of the eyes, etc., are true symptoms. As to whether Rötheln will protect against measles or scarlet fever, we are not prepared to declare. "There is no doubt," says Thomas, "but that diphtheria can be a complication of the mildest as well as of the severest scarlatinous throat affections;

in every case it naturally obscures the characteristic appearance, and augments the intensity and danger of the simple form, partly by the accession of the consequent local symptoms, and partly by the diphtheritic constitutional infection. It can complicate scarlatina in every stage of the disease; first, in the stage of incubation, so that the symptoms of scarlatina and diphtheria appear simultaneously; or the diphtheritic symptoms may precede those of scarlatina, thus causing the error of supposing that only *one* disease is present, or, as most frequently occurs, after scarlatina has already existed for several days, the throat symptoms suddenly become aggravated by the occurrence of diphtheria."

That epidemics of measles and scarlet fever frequently coexist, and that one may precede the other, usually measles first, is a fact recorded and acknowledged by many authors. But that the two amalgamate or hybridize is new to me. I have searched in vain for points bearing upon this part of our subject, but have failed to find anything.

It is well understood among medical men that when a disease is raging epidemically that it then has the power to modify other diseases that may arise during the progress of the same.

Scarlatinal sore-throat, or "defaced scarlet fever," was of undoubted value to my patrons, and would have been of more value if the warnings given had been heeded; but, unfortunately, the people so often think themselves wiser than their medical advisers, and it proved only too true in this instance. For I was frequently informed that Dr. X. said that there was not a case of scarlet fever in the State of Illinois, and this, too, even after the Board of Health of our city declared it epidemic, and the mayor had issued his proclamation as *ex-officio* president of the same.

Then there was old Mr. or Mrs. Y., who said that the cases reported to be scarlet fever were nothing but *scarlet* rash, and

that Dr. X. agreed with them. But the most startling announcement from these wiseacres, was that Mr. A. had scarlatina at his house and not scarlet fever.

Who would have thought that so much ignorance existed outside of the profession, much less in it. But we have a man in our city, holding a diploma from a college, at this time of good repute, that did make just such assertions; and we have people in our city to-day, who believe him in preference to all the rest of the physicians in the place.

To all students of medicine, clinically and otherwise, it is known that Roseola or scarlet rash is a non-contagious disease, and that it never rages as an epidemic; that it is a self-limited disease, curing itself in a few days and without throat symptoms, desquamation of cuticle, or sequelæ.

That by freeing a tooth or two, or correcting the condition of the secretions and removing offending substances from the stomach and bowels, the infant soon recovers.

In consulting authors, I was very much surprised that the ignorance upon this subject was so general. In the edition of 1858, of "Watson's Practice," page 1175, you can find the following words upon this subject:

"I need scarcely remind you of a sort of mystification which prevails among the public about this complaint, and which many practitioners, for no good reason that I can perceive seem disposed to encourage.

"Mistaking the Latin and scientific name of the disorder for a mere diminutive you will hear mammas say, 'Oh, my children have not got the *scarlet fever*, but only the *scarlatina*.'

"I always disabuse them of this absurd error, when the opportunity of doing so occur. It can produce nothing but confusion and the disregard of requisite precautions."

In volume 1, page 89 of Reynolds' System,

there occurs the following paragraph by the American editor, Hartschorne:

"[Popularly, scarlatina is in some places supposed to be the proper name for an unusually mild form of scarlet fever.

"It is important for physicians to correct this error, as it induces a want of care, not only in regard to the patient, but as to the exposure of others to the contagion.

"There seems to be no doubt that the mildest cases may, by contagion, give rise to others of the greatest severity; and also, that very light cases may be followed by considerable dropsical effusions.]"—H.

These points are well taken and were clearly proven in our epidemic.

I hope that the members or the medical gentlemen present will take up this subject when they return to their homes, and try and educate the people. As to the drones in the profession there is but one way to deal with them, and that is to cut off their professional heads.

I have no patience with those who cultivate the social qualities at the expense of their professional culture.

They are always ready for anything but to examine and treat a case properly, their professional opinion is not worth the asking, but unfortunately it is too often taken for more than that of the very best qualified.

It is stated by Dr. S. J. Gee, in the article, Scarlet Fever, in "Reynolds' System of Medicine," under the head "Diagnosis," that "scarlatinal angina is indistinguishable *per se* from simple erythematous sore throat, or from pellicular angina (pharyngeal herpes), which forms so large a proportion of the sore throats popularly styled diphtheritic."

This statement would hold good in an individual case, but when several cases, and that, too, in different families, present themselves for treatment, then I think a wary physician would certainly suspect more than the diseases above-named, as they do not occur epidemically. And if there was a

greater interchange of opinion, as well as sociability, between the physicians of a given locality, then these epidemic diseases would be sooner made out, and a combined action inaugurated to mitigate and control them.

We need more local medical societies in counties and small cities, but petty differences and local jealousy have much to do in preventing this much to be desired condition of affairs. Which simply means a higher standard of medical education to all, so as to place all upon the same level, and to know that they keep to this level, examination of all who continue in the practice of medicine every two or five years. Move forward, never backward.

SPARTA, ILL.

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## Original Communications.

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### OBSERVATIONS ON THE USE OF STATIC ELECTRICITY.\*

BY EDWIN WALKER, M. D.

My experience with static electricity is of so short a date that I have but little to offer for consideration.

I will give an account of a few cases in which its effects were sufficiently decided to warrant report. The machine I use was made by Dr. G. A. Scheeffer, of Evansville, Indiana. It is a modification of the Toepler machine. The back, or stationary plate, is made of hard rubber instead of glass, as in the Toepler instrument, which gives it better insulation. The revolving glass plate is twenty inches in diameter, the rubber plate is twenty-four inches. There are two Leyden jars, each of which has fifty inches surface of tin-foil. With both jars, in ordinarily favorable weather, a five inch spark can be obtained. In most cases, I have used it without the jars, or with one only. I find very few persons

\* Read before the Tri-States Medical Society, October 26th, 26th and 27th, 1881.

who are willing to bear the discharge from one jar.

**CASE I.**—Neurasthenia, nervous irritability.—W. C., æt. 35, book-keeper, married. He is easily tired, nervous and fidgety when in company; inclined to despondency on account of his health; wakeful; has bad dreams, etc. By treatment with tonics he was made much better. Insulation with very fine sparks (not enough to produce distinct shock) drawn from all parts of the body. The application was made in the morning. He felt very much worse all that day and the following night; did not sleep well, and was tired and much depressed. The next day felt as well as before the application. The application was not repeated.

**CASE II.**—Neurasthenia, motor weakness without great nervous irritability.—T. K., æt. 51, married, iron molder. For several years has suffered with vague nervous symptoms. He complains of pains in the lumbar region, heaviness of legs, easily tired, easily annoyed; dreads exertion, because he feels bad afterward. Has indulged in sexual intercourse in his married life to excess, and for some years past has had occasional nocturnal pollutions. Has been under treatment at different times for a year; sometimes he is better, at others he is worse. Within a month past four applications of static electricity, insulation and sparks have been made, after each of which he has felt much better. The pain in the back is relieved for several days after each application.

While such fragmentary evidence is not sufficient to warrant a conclusion, it would seem to point to the probability that such applications would be most suitable to that form of neurasthenia which is not characterized by great nervous irritability.

**CASE III.**—Anæsthesia from nerve injury.—B. S., æt. 39, fourteen years ago fractured the left forearm. The nerves were injured, and he suffered with pain and numbness, which lasted three months. He applied for treatment for anæsthesia and

numbness of the left median distribution, which had existed for five weeks, being brought on, he thought, by lifting. The faradic brush was twice applied, but gave but little relief. Patient was insulated and strong sparks drawn from affected part. He reported, two days later, that he did not feel much better the evening of the application, but on the next day the improvement was marked, and had continued; after the second application the trouble had almost disappeared.

**CASE IV.**—Pain in arm due to secondary syphilis.—J. R., æt. 30, applied for treatment, for a severe pain in right shoulder and extending to the whole arm, which was worse at night and had kept him awake for two nights. An examination developed the fact that he was just breaking out with secondary syphilis. He was insulated five minutes and sparks as strong as he could bear drawn from the affected part. He experienced great relief and the pain did not return. He was not put under treatment of any kind until one week after the application.

**CASE V.**—Osteocopic pains, due to tertiary syphilis.—M. E., æt. 27. Suffered with a localized pain in occiput, which was worse at night. One evening when suffering quite severely came to my office. Insulation with sparks drawn from painful part gave relief all that evening. The pain, however, returned the next day and he was finally relieved by an anti-syphilitic course.

**CASE VI.**—Action on degenerated muscles and nerves.—A. C., æt. 45. Facial paralysis (Bell's) of the right side for six months. When examined there was entire loss of galvanic and faradic reaction in the nerve, and of faradic contractility in the muscles; the latter responded to galvanism  $An C > Ka C$ ; in short, the reactions of degeneration were present. With the patient insulated, sparks as strong as he could bear were drawn from the affected cheek, from the various motor points, also from point where the seventh nerve emerges on

the face, and no contraction was produced, although much milder sparks produced contractions on the healthy side. The "induced current" of Morton, namely, from the outer coatings of the Leyden jars, the latter being disconnected, and the discharging rods brought close together, gave the same results as the faradic current, producing no contraction either through the nerve or when applied directly to the muscles.

I am not aware that any one has studied Franklinism, on degenerated muscles or nerves. While the action on the fully developed case is the same as faradism, it is possible that in the earlier stages of the process it may be different. I shall not attempt any generalizations until my observations are more extended, and simply give these cases for what they are worth.

The effects of static electricity are quite startling to the patient, and the effect on the imagination is apt to lead him to deceive himself and his physicians. We should, therefore, as far as possible eliminate this source of error.

EVANSVILLE, IND.

### PRACTICAL OBSERVATIONS IN TYPHOID FEVER.\*

BY H. V. FERRELL, M. D.

During the last fourteen years, it has been my fortune to be connected in one way or another with about four hundred cases of typhoid fever—for a period of near two years never being without a case under treatment. As this short paper is not the result of as thorough and complete a study of the cases as I propose, at some future time, to give them, I shall confine myself to the more salient points in the few observations I have to make.

It is taught by late writers that typhoid fever is caused by a specific typhoid fever germ—a germ that may retain its viability

for an indefinite length of time—that, however bad the hygienic surroundings may be, typhoid fever will not originate *de novo*.

If the first proposition were true, we would expect to see the disease reappearing in houses that had formerly been visited by it, and might expect it to be carried by fomites. Indeed, taking up its abode in houses, and rendering them dangerous for future habitation. Or, again, assuming the correctness of the second proposition, we would not expect to find the disease in localities where it had never been known before, and affecting persons living under the best possible hygienic circumstances—persons who had never so much as seen or heard of a case of typhoid fever. In my experience, I have seen nothing to support this theory of the causation of typhoid. On the contrary, I have most generally seen it under precisely the opposite conditions. I have known typhoid fever to originate in families and in localities where it had never been known to appear before, and to confine itself, like a tornado, to a narrow, well defined belt of country, and, after starting out upon its march, and after its direction and rate of progress were known, I have seen the time and place of its appearance correctly predicted. I have seen typhoid fever appear in the best regulated families—families living under the best possible hygienic circumstances, attack one member and spare the balance; and, again, sparing none. I have seen it originate, as far as we could tell, without cause, and confine itself to those in the family, and others who visited the family on errands of mercy or friendship—none being attacked. Again, I have known intimate and free communication between patients and those living without the typhoid fever range, without any evidence whatever of contagion.

In the diagnosis of typhoid, the chief difficulty is to distinguish it from some form of malarial fever. This cannot always be done early in the disease. Typhoid is sometimes initiated by two or more well

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defined chills occurring periodically. Generally, however, upon close inquiry we find that the fever did not entirely subside between the chills.

When the disease is fully developed, the diagnosis is not difficult; even the laity readily recognize it. In typhoid we generally have the abdominal symptoms developed early. The rash, in my experience is oftener absent than present. Persistent severe pain in the frontal and lumbar regions is a symptom upon which much reliance is placed, and in practice the administration of quinia for two or three days without any beneficial effect very often decides the diagnosis in favor of typhoid. A pointed tongue, red at tip and edges, abdominal tenderness, with tympanites are usually the earliest symptom. Epistaxis as a symptom may be discarded entirely. Sweating without a corresponding decrease of temperature may be classed among the earliest symptoms.

Some cases begin abruptly; the patient having been in unusually good health up to the very moment of being stricken with a chill. Others begin so insidiously that neither the patient nor his friends have any idea that he is the victim of a serious malady until far advanced in the disease.

I call nothing typhoid fever without satisfactory evidence of intestinal lesions, at the same time, admitting that similar intestinal lesions may perhaps be associated with other pathological conditions. A neglected or badly treated case of malarial fever may assume any or all of the symptoms of typhoid, except those pertaining to the intestinal lesions. Such cases it is customary with us to call typho-malarial fever—meaning by that simply a malarial fever with the typhoid symptoms superadded, and not one with intestinal lesions at all, much less lesions differing in imagination only from those of typhoid.

My acquaintance with typhus fever is too limited to justify me in speaking of it. Suffice it to say, however, that I have more

than once seen cases of typhoid fever, which, occurring under the conditions under which typhus fever is said to occur, would have been pronounced typhus without any hesitation whatever. Of the complications of typhoid fever, I have seen ten cases of intestinal hemorrhage. In six of these the hemorrhage was preceded early in the disease by copious, mushy discharges from the bowels. Twice, on the appearance of such discharges, was the occurrence of hemorrhage correctly predicted, and in no case do my notes show the occurrence of such discharges without being followed by hemorrhage.

But one case of hemorrhage terminated fatally. A mild form of bronchitis was a frequent complication—pneumonia rare and never fatal. Of perforation of the intestine, two cases—both fatal, of course. In but one fatal case were there ever any serious cerebral symptoms, and that late in the disease; although in many others the delirium was alarming. The liver is said by authority never to escape more or less structural change. I have known the symptoms referable to the liver so prominent as to lead good practitioners to suppose it to be the chief seat of disease. In no case, however, have I known a diseased liver left as a legacy of typhoid fever as determined by the subsequent history of the case. I have never known hiccough, except in cases of inflammation of the peritoneum and threatening or actual perforation.

The prognosis of typhoid fever, though as a general rule good, should always be guarded. We see cases of the mildest type continuing for a great length of time, and ending in hemorrhage, perforation, death. Others, of an apparently grave type, pursuing a short course, and ending in recovery. So, then, we may say there are no symptoms by which we can tell the extent of the intestinal lesions, or foretell what the duration or termination of the disease is going to be. In one of my fatal cases the disease had seemingly pursued a very mild

course, and the patient was thought to be convalescent. He became startled in his sleep, suddenly jumped, said he felt something tear inside of him, and died of peritonitis within thirty-six hours. I have had two cases to continue as long as thirteen weeks, one apparently mild, the other grave. Both recovered. It is rare, indeed, that a case will terminate under two weeks. I have known two cases terminate fatally within a week after taking to bed, but weeks after they had evidently been laboring under the fever.

One distinguished writer says of the temperature in typhoid, that if, from the fourth to the eleventh day of the disease, the temperature falls below 103 degrees, it is not typhoid fever. I have repeatedly seen the temperature during that period below 103 degrees—three cases, one of them fatal, in which the temperature never reached that point. On the other hand, I have seen one case in which, an hour before death, the thermometer in the axilla marked 109.8 degrees. I have seen but one case recover in which the temperature ever went above 106 degrees. In the three cases in which the temperature never rose to 103 degrees, the pulse was slow and feeble, often falling as low as forty-eight beats per minute. In one fatal case, a young clerk, who, not knowing that he was suffering from a serious malady, kept at his business for two or three weeks, trying to wear the fever off, the axillary temperature always exceeded that in the mouth by from two to three degrees.

I have seen the pulse range from 120 to 144 per minute, and the patient recover.

The London *Medical Record*, July 15th, 1881, calls attention to cases of typhoid fever occurring in exhausted individuals, and running their course with low temperature or without fever, but with a tendency to gangrene of the extremities. I have seen one such case, in which I amputated the thigh at its middle third—the patient made a good recovery. I have seen but

two cases of typhoid during pregnancy. One recovered without aborting, and went to full term. The other is not yet determined.

The treatment of typhoid fever is quite satisfactory. While we do not possess any specific for the disease, yet the low rate of mortality is, I think, largely due to its management. The mortality in my experience barely exceeding two per cent. In the treatment there are three fundamental rules to be kept in view:

1st. Put the patient to bed early, and enjoin the most absolute rest throughout the whole course of the disease. In all cases of doubt in the diagnosis, I advise the patient to take his bed. If it is not typhoid, rest is not apt to hurt him, and if it is, it may be the very means of saving his life. In every one of my fatal cases this rule was *not* observed. In the two cases of death from perforation, one had been about with the fever on him for two weeks, the other three. In the one from hemorrhage, the young man tried for near three weeks to wear his fever out. I have lost no case where the patient took to bed early.

2d. Early and judicious alimentation; by early I mean within the first forty-eight hours. The aliment should be highly nutritious, easily assimilated, in a liquid form and given at regular intervals.

3d. Use drugs only to meet indications, and with a well defined purpose and no longer than that purpose is subserved. The German specific treatment I believe to be utterly worthless, if not worse. If the temperature runs high, use quinia and digitalis in large doses, sponge the surface freely and frequently with equal parts of whisky and water, to which may be added a little muriatic acid. To control the bowels and to correct the offensive odor of the discharges, bismuth and carbolic acid, or bismuth and liq. sod. chlorinati. For the vomiting which is sometimes very troublesome, oxalate of cerium, in 10 gr. doses, or calomel in doses of the  $\frac{1}{16}$  or  $\frac{1}{12}$  of a

grain. For restlessness or sleeplessness, codeia has answered my purpose best. For intestinal hemorrhage, hypodermic injections of ergotine, or what answers just as well, Squibbs' Fluid Extract of Ergot. For great muscular or nervous weakness I have seen *Tr. Nuxia Vomicae*, produce excellent results.

Finally, I have no sort of doubt as to the utility of alcoholic stimulants early and judiciously administered.

CARTERVILLE, ILLS.

## Clinical Reports.

### CASE OF PELVIC ABSCESS DISCHARGING THROUGH THE UTERUS.

BY F. A. MORRISON, M.D.

September 1, 1880, I was called to see Mrs. B., aged 26, widow and mother of one child. On arrival I found the patient suffering intensely from intermittent pains in the lumbar and lower abdominal regions very similar to those of labor. Upon inspection the abdomen presented a most peculiar appearance, as if divided into four compartments by a vertical partition, extending from the ensiform cartilage to the symphysis pubis intersected by one extending transversely at the umbilicus. This was particularly well marked in the erect position, but diminished greatly on the patient lying down. On percussion the upper two divisions gave a tympanitic resonance, while in the lower it passed gradually into dullness fading into absolute flatness, interspersed at the extreme lower limits with points of tympanites. In addition, the abdomen was excessively tender, the patient shrinking from the least contact of the hand or bed-clothes. Tongue clean, bowels regular, temperature normal, but pulse slightly accelerated. Inquiry as to the previous history revealed the fact that the health of the patient had been good up to the birth of her child, three years before. She stated

that her labor at that time was tedious and followed by puerperal fever, since which she had been a constant sufferer from pelvic disease, especially dysmenorrhœa and menorrhagia, and upon two occasions had been confined to her bed by attacks similar to the one from which she now suffered. On each of these two occasions she claimed to have gotten immediate relief upon the establishment of a discharge, and begged that I administer something "to bring the courses on." Patient denied my request for a vaginal examination, urging in objection that she was too sore to stand it. In regard to treatment I, in doubt as to the pathological condition present, administered an anodyne, and ordered hot fomentations to be applied to the hypogastrium, together with hot pedeluvia, and further directed that the discharge, should any occur, be carefully preserved. On my next visit I found the patient much easier, which she was inclined to attribute to the discharge that had been established in the interval, and was still progressing. An examination of this discharge revealed the fact that it consisted of pus, mixed with masses of fibrine. Diarrhœa had supervened. The tenderness had so far subsided that the patient submitted to a digital examination, though still refusing the use of the speculum. At this examination I detected an extensive laceration of the left side of the cervix uteri, with enlarged and softened lips and a patulous os, but could not satisfy myself as to the origin of the pus. From this time forward she was never entirely free from pain, which was subject to exacerbations, followed by discharge and temporary relief. The treatment first instituted, viz: anodynes and fomentations, was continued.

On Sept. 9, I called Dr. T. B. Harvey in consultation. The patient was in much the same condition as when I first saw her, though somewhat emaciated and subject to a daily rise of temperature. After a thorough examination Dr. Harvey expressed

his opinion that the patient was suffering from pelvic inflammation and suppuration in addition to the lacerated cervix above mentioned, but was not able to detect the orifice of exit of the abscess. Shortly afterward the patient was seized with the symptoms of pyæmia, and died Sept. 14, 1880.

*Post-Mortem.*—The consent of relatives having been obtained to an examination of the abdominal and pelvic cavities, this was made four hours after death, with the assistance of Drs. Ritter and Ferree. The body was much emaciated, of a yellowish tinge, and covered with pustules. On opening the abdomen a few ounces of turbid fluid escaped from the peritoneal cavity. Liver unusually enlarged, and filled with small abscesses. Spleen enlarged, congested and softened. Kidneys contained numerous suppurating points. Stomach and bowels, except the rectum, healthy. Bladder, normal.

Pelvic structures were matted and bound down by adhesions, and were removed with much difficulty. The remains of an abscess were found between the rectum and uterus; this had discharged through the posterior wall into the cavity of the uterus, at the region of the internal os, by an opening large enough to admit a small probe. The uterus was somewhat enlarged, together with laceration of the cervix and eversion of the lips, with inflammation of the mucous membrane covering them. The anterior wall of the rectum was gangrenous. No light was thrown by the post-mortem upon the peculiar appearance of the abdomen above mentioned. The specimen is now in the museum of the Medical College of Indiana.

INDIANAPOLIS, IND.

**LONGEVITY OF DELINQUENT SUBSCRIBERS.**—Thomas Schofield, aged ninety-one years, walked nine miles to renew his subscription to a New London paper. It is the general impression among publishers that there are a number of subscribers who are waiting until they are ninety-one years old to come in and pay for their paper.—*Danbury News.*

## Translations.

[Translated for the CLINICAL RECORD.]

**ELECTRO-ENDOSCOPE.**—Dr. Mikenlitz, the ingenious assistant of Prof. Billroth, publishes in the *Centralblatt fuer Chirurgie*, October 29, 1881, a preliminary notice that, in conjunction with Mr. I. Leiter, of Vienna, he has succeeded in constructing an *electro-endoscope for the exploration of the empty stomach and œsophagus*. The practical use has already been demonstrated in both the living and the dead body. The apparatus of Nitze and Leiter for gastroscopy have never answered their purpose.

As soon as the author publishes detailed information on this very interesting subject, as he has promised, the readers of the RECORD shall be promptly apprised.

**NERVE STRETCHING.**—Is the title of an article in the *Archiv. général de Médecine*, July, 1881, containing an elaborate *revue critique* of the subject.

A generally accepted opinion as to the proximate action of nerve-stretching has, as yet, not been reached. As far as known no danger to the patient has accrued from the operation. Experiments upon animals demonstrate that the neurilemma is more notably affected by it than the nerve structure itself. It likewise is proven that by stretching of the sciatic nerve and the brachial plexus, the spinal cord is physically changed. A suspension of sensibility immediately follows the operation, returning, however, very soon, generally in twenty-four hours. The excitability of the nerve is slightly depressed.

In conclusion, the author summarizes his observations in the following aphorisms:

1. Moderate stretching causes temporary anæsthesia without disturbing the motor power of the nerve.
2. Powerful tension produces prolonged anæsthesia with permanent alteration of mobility and structural nutrition.

3. The frequency of functional disturbances in organs, remote from the implicated nerve, proves that the spinal cord is influenced by the operation.

4. Notwithstanding the microscopically affirmed lesions, following the stretching in the interested nerve or nerves, the *modus operandi* is by no means clearly evident.

♦♦♦  
TREATMENT OF ANEURISM BY ELASTIC COMPRESSION.—Duplay expresses himself favorably about the *treatment of aneurism by elastic compression*, but warns against the mischief of its too long continuance. The compression should not last more than one or two hours; after the removal of the tube and bandage, digital compression should be made for several hours. If pulsation returns in the aneurismal sac, the procedure should be repeated. L. B.

♦♦♦  
EXTROVERSION OF THE BLADDER.—Gluck and Zeller have experimentally removed the urinary bladder and the prostate gland from dogs without fatal injury following. Encouraged by these experiments, Prof. Sonnenburg has operated upon a boy, nine years of age, for *Ectopion vesicæ*. In this malformation, the anterior wall of the bladder is wanting. The posterior wall presents itself, as a round, convex, elastic, velvety prominence. At the lower part of this protrusion, two oblique, convergent slits, the openings of the ureters, may be seen, whence urine is constantly trickling. The surface is very sensitive and bleeds when touched.

With ectopion in the male, epispadias is often associated. In both sexes defect in the pubic symphysis may be observed, which gives these patients a waddling gait.

Various mechanical contrivances have been devised, with the object of protecting the exposed bladder and to receive the urine, but they have failed to accomplish the desired end.

A plastic operation was successfully performed by Prof. Daniel Ayres, of Brooklyn, upon a female subject, which furnished a

double integumentary cover for the bladder, taken from the abdominal surface.

The plan adopted by Prof. Sonnenburg is not only simpler, but also gives a natural channel for the escape of the urine. He cuts around the bladder and dissects it off from the subjacent peritoneum, care being taken not to injure the ureters, into which probes have been introduced at the outset. The ureters are finally attached to the urethral semi-canal. The defect in the parieties is covered by the adjoining integuments united by sutures. The wound closed almost entirely by first intention.—*Berliner Klinische Wochenschrift*, No. 30, 1881.

L. B.

♦♦♦  
UNIQUE CASE OF ACUTE ARTICULAR RHEUMATISM.—In the same journal (No. 22, 1881), A. Voelkel publishes, under this title, a case which justly attracts attention. A healthy boy, aged ten years, was suddenly attacked by acute articular rheumatism, involving both knees and the right hip joint, and successively all the other articulations, the phalangeal joints alone escaping. Salicylic acid had no effect. After a week or two, some of the joints returned to their normal condition, whilst others, under new febrile excitement, advanced to suppuration. Thus, in succession, the knee, wrist, shoulder, and hip joints were the seat of septic and disintegrating processes. Spontaneous dislocation of the left hip took place. At last one of the parotid glands sloughed, and exposed the entire superior maxilla, opening into the pharynx. Repeated hemorrhages accelerated the demise of the unfortunate patient.

[From the clinical characters alone, this diagnosis appears to us to be questionable. But if the inquiry be extended, to include the *post-mortem* changes, it leaves no shadow of a doubt that the case was, in reality, a *unique one of acute multiple osteomyelitis*.

The author himself furnishes the data for our diagnosis, viz.: Detachment of the right *caput femoris*, with caries of the acetabu-

lum; ulceration of epiphyseal surfaces; great trochanter loosened; femur fragile, permeated with, and embedded in sanious fluid; ulceration of articular cartilage; and pus in the right knee joint. Left hip dislocated with incipient caries; creamy pus in left knee joint, with advanced ulceration of cartilage; the femur diseased in "its upper third," with a bone abscess communicating with the knee joint; destruction of right shoulder joint; detachment of *caput humeri*.

Similar cases have been recorded ere this by Kussmaul, Roser and Volkmann.—  
Translator.] L. B.

## Proceedings of Societies.

### INTERNATIONAL CONGRESS OF LONDON.

#### *The Sections—Concluded.*

SECTION 5—SURGERY.—The president of the Section, Mr. John Erich Erichsen, in the opening address alluded briefly to the eight subjects chosen for discussion and tersely pointed out the main lines to be pursued in order to secure the greatest profit.

Staff-Surgeon Walter Reid, of the British Navy, read a paper on "The Forms of Aneurism in which Treatment by Esmarch's Elastic Bandage is Applicable, and the Method by which a Cure is Effected by Its Action."

The author was the first to treat aneurism by this method. He recorded his own case and pointed out that sacculated aneurisms were the only ones suited for this treatment which cured by causing coagulation of the whole mass of blood in the sac. Mr. A. Pearce Gould, of London, followed much on the same line, giving a table of sixty-two published cases in which this treatment had been employed, from which he drew the conclusions that the more important element in the case is the organization of the clot in the artery itself, and that failure

may result either from the blood not clotting at all, or from washing away of the clot first formed. He further pointed out that the danger of over-distending the other arteries or of over-taxing a weakened heart ought to be guarded against and that preparatory treatment to increase the plasticity of the blood was desirable. Mr. Bryant referred to three cases in which he had failed to cure the aneurism, and regarded the capillary hemorrhages in the part of the limb not emptied of blood as liable to lead to gangrene. Mr. Pemberton related a case, fatal, from gangrene, where it was found that the vein was completely obliterated opposite the aneurism, which was occluded with coagulum.

Mr. Spencer Wells opened the discussion on "Recent Advances in the Treatment of Intra-Peritoneal Tumors," laying stress upon the necessity for union of the edges, or rather surfaces, of the cut peritoneum, so as to insure immediate union. The great value of pressure forceps for the control of hemorrhage; and the fact that the use of antiseptics has done away with the need of drainage. During the last three years he has not used the drainage once, though he thought two or three patients had died who might have been saved by it. Dr. Marion-Sims, of New York, strongly advocated drainage, though admitting that it led to ventral hernia; while Drs. Keith, Thornton and Martin advocated it for severe operations only and in cases of cysts with putrid contents. In reference to removal of uterine tumors, the main outcome of the discussion was that the operation was rendered safer and attended with less loss of blood when the tumor could be raised out of the wound and enveloped in an elastic bandage; the careful closure of both the uterine and the peritoneal cavities, where both were opened, was insisted on. Mr. Thornton pointed out the great difficulty of rendering the uterine cavity aseptic, and the use of the elastic ligature for the pedicle was insisted on.

The antiseptic method had many warm supporters, but Mr. Keith, after a succession of eighty successful cases with it, stated that he had five deaths in the next twenty-five cases, two from carbolic poisoning, and one from septicæmia, and two from acute nephritis. On account of this mortality, and of the very frequent high temperature the evening after the operation, he had abandoned the spray in all operations, and had had but one death out of twenty-seven ovariectomies, without the antiseptic treatment.

Professor Czerny related a successful case of excision of the pylorus; and Mr. Lawson Tait referred to his experience in abdominal surgery, to show how the domain for surgical interference is extending to pelvic abscesses, etc. Of all the many surgical improvements of the last thirty years, there is none that can take a higher rank than this, and it appears that we have not yet learnt the full extent of its value, or appreciated the degree to which the peritoneal cavity can be interfered with without a disproportionate danger.

The question of surgical interference with the kidney was raised and discussed by Czerny, Baker, Barker, Barwell, Lucas, Martin and Langenbeck. All had cases of nephrotomy, nephro-lithotomy, or nephrectomy, to relate; and Dr. Martin, of Berlin, stated that he had removed a painful floating kidney seven times, and once a malignant tumor of the same organ, with five recoveries in all. To aid the diagnosis of renal conditions, Dr. Barker suggested that in stone the kidney should be exposed from the loin and carefully explored with a needle.

The difficulty of deciding whether pyelitis or suppurating sacculated kidney is unilateral or bilateral, is a strong argument against performing such a severe operation as nephrectomy without being sure of removing the entire disease, and, until diagnosis has advanced the application of this treatment, it must be very limited.

The cases recorded show the feasibility of the three operations mentioned, and prove that nephrectomy is not more dangerous to life than nephro-lithotomy and nephrotomy. Three methods of removal of the kidney were described: the lumbar, the intra-peritoneal and the abdominal extra-peritoneal; the first would seem to be at once the most difficult and the safest, but Dr. Martin states that in removal of the kidney from the front of the belly, the peritoneum falls together so completely that it does not even require stitching. No detailed information was given of the physiological effects of removal of one kidney.

The next discussion was raised on the recent advances in methods of extracting stone from the bladder of the male, and was opened by Sir Henry Thompson in a very able paper, continued by Prof. Bigelow, of Boston, and joined in by most of the leading authorities on this subject. As to lithotomy, the only novelty proposed was the use of the thermo-cautery instead of the knife in both the perineal and, especially, the supra-pubic operations, with the view of having a dry, non-absorbent wound. Mr. Teale alluded to the improved results of lithotomy in late years, owing to the avoidance of septic diseases, and the greater deliberation in extraction of the stone—a point most important always to bear in mind, for in this case rapid operating is not only uncalled for, but mischievous. Dr. G. Buchanan advocated the use of the rectangular staff, which makes the operation easier and safer; but Prof. Spence, while praising it, pointed out that in cases of very large prostates its point may not reach the bladder, and so lead to trouble. Sir H. Thompson spoke hopefully of the plan of crushing a very large calculus *in situ*, by powerful forceps, before opening the bladder, and recommended a combination of lithotripsy with an opening into the membranous urethra from the perineum, in cases of greatly enlarged prostate with irritable bladder and urethra.

As regards lithotripsy, it was admitted by all that Prof. Bigelow had not only introduced a new principle into the operation by insisting on the axiom that the bladder was more tolerant of instruments than of sharp fragments of stone, but that his practice was also an improvement. Out of ninety-one cases operated on after this plan by Sir Henry Thompson, eighty-eight recovered. Beyond this, however, there was no agreement. Bigelow insists on the value of large instruments even for small and moderated sized stones, and that his operation is suitable for all cases of lithotripsy. Sir H. Thompson is as earnest in contending that the instrument should be proportionate to the size and hardness of the stone, and never larger than necessary; while Mr. Berkeley Hill thinks there are many cases in which the old operation is better, the danger of injuring the deeper parts of the urethra in men of middle age being important.

Mr. Teevan spoke of the entire absence of chronic cystitis after Bigelows' operation. As to whether the new operation had enlarged the field of lithotripsy, Mr. Coulson spoke of having removed four ounces of stone at one sitting. Sir H. Thompson showed the debris of large stones thus removed and the results of Bigelow's practice are well known; but Mr. Teale and Dr. Buchanan concurred in the belief that except to the practiced lithotritist such was not the case, and that the lithotrite could not be used with safety for a larger stone now than formerly, and that whenever in doubt, it was safer to lithotomize. Prof. Bigelow show his latest improvements in the lithotrite—a new simple catch, and in the exhausting bottle, the chief features of which are a hose attached to the top of the bottle to admit water or give exit to air during the operation, and a new valve and trap at the junction of the catheter and exhausting tube to catch all the dust and fragments that in the ordinary way pass to and fro in the tube, and so delay the evacuation.

At the close of the meeting, Dr. Bigelow gave a very interesting demonstration of the use of his apparatus, and it must have been gratifying to him to find that among the differences of opinion on other points, all were agreed in ascribing to him full credit for his principle of practice, both for its novelty and its value.

M. Ollier, of Paris, introduced the subject of "Excision of Joints," laying great stress on the value of the sub-periosteal plan. He stated that when this was carried out, even the cartilage might be regenerated in the new joint. He preferred early to late excision. M. Rocher, of Berne, gave his statistics of sixty-four excisions, with six deaths. He has recently tried to obtain a movable knee-joint after the excision. Mr. Newman related a case in which drainage of the joint was successful in acute arthritis following disease of the head of the tibia.

Regarding the point at issue—the desirability of the operation early or late in the disease—Messrs. Bryant, Heath and Marsh strongly advocated a limited use of the operation; they regard the disease as local, and as locally curable, therefore consider excision out of place until all other methods of treatment have failed and the disease is far advanced. On the other hand, all were agreed that in such cases the results of excision have been most disheartening. For these reasons and also for the purpose of shortening the total period of pain and illness, and of the connection of the local disease with general disease, Messrs. Croft, Teale, Tieves and Barton recommended an early resort to the operation. Dr. Sayre, of New York, showed drawings of a case of perfect reformation of the hip-joint after excision; new cartilage was present. In view of Dr. Sayre's previous feats, it would have been more satisfactory, perhaps, if he had exhibited the actual specimens instead of, possibly, ideal sketches.

Mr. Savory opened the most important of

the discussions of this Section, on the "Causes of Failure in Obtaining Primary Union in Operation-Wounds, and on the Methods of Treatment Best Calculated to Secure It," with a very eloquent and philosophic speech, pointing out that primary union was most likely to occur when fresh surfaces are brought together in their natural state and maintained so without disturbance. The chief cause of failure he believed to be "meddlesome surgery," and essential principles were rest, cleanliness and asepsis, which admit of almost endless variation in detail. He asked when a wound was septic or aseptic, was fever or pus, or only smell to be the criterion? Defending his Cork statistics, he claimed that they had not been surpassed, though equally good results were obtained by many different plans of treatment, the actual processes of healing being primarily independent of them all.

Mr. Samson, Gamgee, showed the antiseptic absorbent cotton pads he has used with success. As one proof of their power he showed a piece of meat which had been lying between two of them, but exposed to the air daily for fifteen seconds, and was perfectly fresh at the end of twelve days. The principles he laid stress upon were: Perfect dryness of the wound, thus removing one of the conditions of putrefaction, rest and infrequent change of dressing, circular compression and suitable position, with the use of antiseptics as an important adjunct. Dr. Humphrey repeated some well-worn formulæ on the subject and thought it was only wise to use some antiseptic to purify the air. Prof. Verneuil thought the disposition of the wound and of the patient to be the great factors in the healing process.

Prof. Esmarch's statistics of his own practice are so remarkable that they must be given in full: In 398 great operations (6 deaths), 85 per cent. of the cases cured healed by first intention, with one dressing; in 15 per cent. the dressing was renewed,

and this ratio had improved of late. There were 146 excisions of large tumors, 40 excisions of mamma and axillary glands, 14 castrations with one death from pericarditis and old syphilis, one from apoplexy, one from fatty heart. Of 51 major amputations (thigh 18, leg 27, arm 5, forearm 1), one died from shock and hemorrhage, and one from delirium tremens. There were 61 resections, 11 exarticulations, 26 necrotomies, 14 nerve stretchings, one for tetanus, which was fatal; 8 hernias; 21 large cold abscesses, 12 large wounds, 49 compound fractures. The cases were all dressed with pads, soaked in iodoform and absolute alcohol (10 per cent.), fastened on by an iodoform bandage, over that of a large pillow of jute and gauze, a moist bandage and over all an elastic bandage.

Prof. Volkmann thought all suppuration to be septic, and that personal peculiarity in the main had nothing to do with the healing of a wound.

Prof. Lister closed the discussion. In reference to Dr. Keith's experience, he stated that he had dissuaded him from using antiseptics in the first instance; in such an operation there is abundance of room for effusion and means of absorption, while carbolic acid both increases the one and lessens the other; but on the whole, he thought antiseptic ovariectomy had been successful. Referring to the experiments detailed at Cambridge, which showed that diluted septic poison may be added without effect to blood serum, though not to diluted blood serum; he further recited more recent experiments which showed that blood-clot in the body is still less favorable to the development of organisms. He expressed his belief that it is "solid bits of dirt," that are the deleterious agents and that possibly too much attention had been paid the finest particles floating in the air. His own results, however, were so good he shrank from giving up any of the details of the treatment by which he obtained them, although he quite admitted that he

too might at some future time be able to say, "*fort mit dem spray*"; at present he could not accept irrigation as a substitute for the spray. He denied that there was any ground for the charge that he disregarded the general condition of the patient or his hygienic surroundings. Were this true, his results being so good as admitted by all, what a strong argument it afforded for the efficacy of his merely local treatment. There was no time for Prof. Lister to touch upon the many points raised by previous speakers.

The final discussion was on the "Modification of Syphilis in the Tuberculous, Gouty and other Constitutions," and was opened by Prof. Verneuil, who held that scrofula attracts syphilis to the organs it most commonly itself affects, and is apt to cause suppuration, but removes the element of pain. Tuberculosis makes some tertiary syphilitic manifestations persist indefinitely. Mr. Hutchinson had never seen a hybrid of syphilis and struma or tubercle or gout, nor had he been able to trace any modification of syphilis by these diseases, although the variations met with were no doubt to be explained by the idiosyncrasies of the patients. The antecedents of a patient did not enable him to predicate anything of the course of the acquired disease. In gouty patients he had often noticed severe bone and joint pains. He thought, however, that a severe form of ulceration of the face closely resembling lupus was to be accounted for by the influence of struma on inherited syphilis. Dr. Bennett knew of no modifications of rickety, gouty or other bone changes that could be traced to syphilis, and he referred to the absence of information in the syphilitic changes in joints. Dr. Drysdale spoke of the existence of syphilitic phthisis from gummatous change. But so far as the discussion may be taken as a criterion of professional knowledge, no satisfactory evidence of syphilitic hybridism or of marked modification of syphilis by any other dyscrasia has been demonstrated.

SECTION 6.—OBSTETRIC MEDICINE AND SURGERY.—The opening address of the president of the Section, Mr. Alfred H. McClintock, was a review of prominent Obstetricians of London. This was a learned and eloquent discourse, in which were given brief notices of eminent London accoucheurs from Thomas Raynald to Thomas Denman.

Prof. Tarnier, of Paris, opened the first formal debate, on the "Forcep," exhibiting his own instrument with the latest improvements, which he evidently thought was the best made.

Prof. Lazarewitch, of Cracow, followed. He maintained that the only curve essential to the forceps is the head curve, the pelvic and perineal curves being not only unnecessary but mischievous. Forceps without pelvic or perineal curve answer best the mechanical requirements favorable to the action of the instrument, for the perineal curve is superfluous, inasmuch as the perineum can readily be distended as far as the coccyx without injury, while the pelvic curve increases the resistance to the passage of the head, endangers the soft parts, and renders the power of making traction in the axis of the pelvis difficult, if not impossible. Moreover, the direction in which traction should be made is decided by the muscular sense. The sense of the Section was unanimously against the Cracow professor's views, and Prof. Tarnier's instrument was found to be too complicated and dangerous to the pelvic floor, as well as to the safety of the fœtus from persistent pressure upon its head.

A paper by Dr. Braxton Hicks, on "Intermittent Contractions of the Pregnant Uterus as a Means of Diagnosis, set forth the value of this phenomenon in elucidating the diagnosis of tumors of the abdomen. It was *not* pointed out that such contractions are not diagnostic of pregnancy, as they are not infrequently met with in fibroid tumors of the uterus.

Prof. Simpson, of Edinburg, read a paper on a "Common Nomenclature in Obstet-

rics," after discussion it was resolved to form a committee, made up of one representation from each of the ten nationalities present, to draw up a scheme of a common nomenclature to be considered at the Obstetric Section of the next Congress—the representation of each country to consult with a committee of his fellow countrymen.

Dr. Battey, of Rome, Ga., read a paper on "Oöphorectomy," in which he enunciated his views, which are well known to our readers, on the proper field for his operation, the indications for it, the method of performing it and the proximate and ultimate results. The discussion disclosed a wide difference of opinion as to the operation. Mr. Spencer Wells saw no cases demanding the operation. Dr. Goodell of Philadelphia, suggested that it should be a part of the state medicine of the future that the ovaries of insane women should be removed. Dr. Matthews Duncan decidedly opposed the operation; he regarded it as still in its crudest experimental stage. He had been all his life in contact with women's diseases, and recently he had often been consulted as to oöphorectomy, and had sanctioned it in one case only, for he did not see the cases that required it. He regarded the sufferings of neurotic women as greatly exaggerated; for he had never seen death follow them. He further pointed out, with reference to this operation for bleeding uterine fibromata, that a series of cases had been laid before the meeting—twenty-six cases with five deaths. He knew of no such bad results under any other kind of treatment and was sure that such disasters were unequalled in the history of the subject.

A group of five papers on "Displacement of the Uterus" were read, developing nothing especially noteworthy.

Dr. Graily Hewitt, read a paper, entitled "The Exciting Cause of Hysteria and Hystero-Epilepsy," which he believed to be reflex irritation, arising from compression of the uterine tissues from flexions of the

uterus. In the discussion on Dr. Mundé's (of New York), paper on the "Curability of Uterine Displacements," the author related several cases illustrative of the positions taken by Dr. Graily Hewitt.

An abstract of a paper by Dr. Freund, of Strasburg, on "Total Extirpation of the Uterus," was read. He concludes "that the operation may be undertaken as a not very dangerous one in the early stages of carcinoma and sarcoma, in which it gives a promise of radical cure." After discussion, Dr. Marion Sims, described his well-known method of treating uterine cancer.

Prof. Slawjanski, of St. Petersburg, indicated a point in the diagnosis of Ovarian Tumors, which was impairment of sensibility in the inguinal triangle on the side of the affected ovary. In five cases this was found present, and the diagnosis was verified by an operation.

Dr. Pallen, of New York, read a paper on the "The Reparative Surgery of the Cervix and Vagina," in which he appears to have made a futile effort to distinguish himself by an elementary essay such as would not bring renown to a "Podunk prize-essayist."

Emmet's operation for the repair of laceration of the cervix was discussed by Dr. J. H. Bennet and Dr. Playfair—the latter giving it a very fair indorsement.

The subject of Puerperal Hemorrhage was exhaustively discussed by Dr. Robert Barnes and Dr. More Madden. Dr. Barnes concluding that injections of solutions of perchloride of iron are capable of averting bleeding when all other means have failed.

A discussion on antiseptics in midwifery introduced by a paper read for Prof. Spiegelburg, of Breslau, and continued by Prof. Winckl, of Dresden, Dr. Reid and Dr. Maggioli, of Rome, developed nothing of great novelty or value.

After the reading of a paper by Dr. Halbertsima, of Utrecht, entitled "Puerperal Eclampsia is in Most Cases the Consequence of Pressure on the Uretus," and one entitled

"A Comparison Between Embryotomy and the Cæsarean Section," by Dr. Eustache, of Lille, the last sitting of the Section closed.

SECTION 7—DISEASES OF CHILDREN—The President of the Section, Dr. Chas. West, gave an elegant inaugural address on "Progress in the Study of Infantile Diseases," giving a comprehensive review of what has been accomplished in this branch of medicine during the last thirty years.

Two days were devoted to discussion of the "Treatment of Spinal Curvature by Sayre's Method." The plaster jacket was generally recommended.

The "Pathology and Treatment of Genu Valgum," also took up the time of two sessions. Dr. Macewen's operation of supra-condyloid osteotomy seems to have received the greater amount of attention. Dr. Macewen had operated on 600 limbs, and of the three deaths in his practice, not one had been due to the operation.

In the session devoted mainly to the subject of "Excision of Joints," the paper that attracted most attention was that by Prof. Hueter, of Greifswald. He defined as "scrofulous joint inflammations," those in which the formation of masses of granulation tissue precedes suppuration, whilst in simple inflammation, suppuration precedes the formation of granulation tissue. He considers the ordinary plan of treating early scrofulous joint inflammation by rest and fixation of the joint with extension, as well as the antiphlogistic methods of bleeding and blistering with subsequent massage, as *useless*. He recommends the early injection by a Pravaz (hypodermic) syringe of a three to five per cent. solution of carbolic acid into the incipient granulation tissue, whether it be situated in the synovial membrane or in the medulla of the bone. If this does not prove satisfactory, he recommends early excision. The English surgeons did not accept the positions assumed by Prof. Hueter—at least they require more evidence of good results before abandoning their present modes of treatment.

No striking additions to our knowledge were made by the numerous authors of papers, hence we devote no further space to this Section.

The remaining divisions of the Congress were occupied mostly by discussions on narrow medical and surgical specialties, for which we have no space. In future issues we shall allude to certain of the subjects considered which are of general interest.

Altogether, the Congress of London was the most successful and profitable of the seven biennial sessions thus far held. The time and place of the next meeting have not yet been decided upon.

We give due credit here to the London *Lancet* from whose elaborate reports we have made our abstracts.

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## Extracts and Abstracts.

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NERVE-STRETCHING. — We abstract the following from the London *Lancet*. The case was under the care of Mr. F. A. Southam, at the Manchester Royal Infirmary:

CASE 1.—This was one of idiopathic lateral sclerosis of the spinal cord. The patient was 36 years of age. He presented the characteristic spastic gait; the patellar reflex and ankle clonus were much exaggerated; the muscles of the thighs (more especially the adductors), also those of the legs were rigid and contracted, and their reflex actively was readily excited. There was neither atrophy nor anæsthesia, but complained of severe pains in the abdomen and both lower extremities, which could not be relieved. The left sciatic nerve was exposed and forcibly stretched. Six weeks later the pains had not returned and movements were still much freer in the left than the limb on the opposite side.

NEW YORK AND PHILADELPHIA CLINICAL LECTURES (adapted from the Denver *Tribune* Primer). Who do I see? You see a lecturer describing a case to his class. You do not see the case nor the class? Of course you do not, they are both in the lecturer's mind.

# St. Louis Clinical Record.

EDITED BY

WM. B. HAZARD, M. D.

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Office, No. 5 South High Street.

## Editorial.

### NOTICE TO AGENTS.

Special attention is directed to the advantageous offers made by the manager of this journal, on pages xvi. and xvii. of the advertising department.

### PRESIDENT GARFIELD'S CASE, AND ITS SURGICAL TREATMENT.

#### 3.

In previous issues of this journal we have shown that a proper exploration of the wound in this case was not made immediately after the infliction of the injury; that no diagnosis of the true course of the bullet was made during life or at the autopsy; and that the final results of the autopsy were deliberately misrepresented in order to convey the impression that the wound was one necessarily fatal; that the treatment of the patient was characterized by causeless timidity and open disregard of the first principles of our art; and that patients have recovered from injuries essentially similar to those inflicted upon the President.

The connection of Dr. D. W. Bliss with this case has been severely commented upon by a majority of the medical press of the country. That these strictures have been none too severe is made plainly evident in an editorial in *Walsh's Retrospect*, for October, 1881. In this paper Dr. Walsh compares certain of Dr. Bliss' statements (*Medi-*

*cal Record*, October 1, 1881) with those of Drs. Smith Townshend, C. B. Purvis, N. S. Lincoln and Surgeon-General Philip S. Wales, of the U. S. Navy. From this comparison, as well as from Dr. Frank H. Hamilton's statement (*Medical Gazette*, October 1, 1881), it appears that Dr. Bliss deliberately claims to have discovered the fracture of the ribs, when he did nothing of the kind; that stimulants were freely given to the wounded President, at a time when Dr. Bliss expressly states that they were not given; that Dr. Hamilton "refused to make any further exploration" of the wound when he was first called in consultation, while Dr. Bliss states exactly the contrary; and that Dr. Bliss states that the President "formally placed himself under my (Bliss') professional care," while Dr. Walsh states, with all the emphasis italics can give, that he can prove "*that Dr. Baxter had been for many years and was still considered by him (the President) his physician, and that he never expressed to Dr. Bliss a desire for him (Bliss) to take charge of the case.*"

Only one conclusion can be drawn from the evidence, viz.: The President's family, through sheer timidity, permitted this—to put it mildly—untrustworthy charlatan to usurp the position which belonged to Dr. Baxter and to mismanage the case throughout; and that Drs. Agnew, Hamilton, Barnes and Woodward have allowed this unclean pretender to place them in a false position before the world by associating themselves with him.

We heartily agree with the following from Dr. Walsh:

"Briefly summarising, we say that the failure to enlarge the wound and remove the spicula; the treatment of a false sinus for the track of the ball; the issuing of bulletins creating public distrust; the performance of the autopsy without the presence of eminent, disinterested pathologists; the arrival at uncertain deductions from said autopsy, and the false 'report' made, have done more to cast distrust upon American surgery than any case heretofore known to our medical history."

### THE TRI-STATE MEDICAL SOCIETY.

This Association is organized upon the only proper basis. That is to say, simply and solely for the encouragement and diffusion of knowledge. It does not busy itself with neighborhood quarrels or the petty jealousies of rival practitioners—hence it has no code of ethics; it does not organize picnics or drinking bouts; but it *does* give up its whole time to the discussion of scientific questions. Thus far, it has not been under the control of any medical “boss,” clique or ring. We trust it may have a long and useful life before it. In order to secure the utmost usefulness, it must avoid the errors hinted at above. It must remain in the hands of the general practitioners; it must keep free from “entangling alliances” with schools; it must continue to perform good work in the scientific field, and not attempt any supervision of private conduct.

So long as it shall continue in the good way it has already marked out for itself we shall give it our undivided support, and shall encourage the formation of local associations organized on a similar basis. We understand that a new medical society will be soon in operation in this city, conducted on these same principles. We need not to say that we shall give it our hearty support.

### PRACTICAL ETHICS.

In the *Virginia Medical Monthly* for the present month we find the following “food for reflection”:

“During the third day” (of the annual meeting of the Medical Society of Virginia), “Dr. Hunter McGuire, after recounting certain statements published by Dr. C. A. Bryce against the Committee on Publications, accusing them of fraud in the publication of the *Transactions* of the Society, etc., moved his expulsion from Fellowship with the Society. He stated that Dr. Bryce had frequently repeated these accusations, and had sought to bring the Society into disrepute with the profession. Some of the profession,

indeed, had been prevented from joining on account of these uncorrected statements.

“It was found, however, that the Constitution of the Society required two months’ notice to be given before a Fellow could be tried; and after some discussion Dr. McGuire adopted a suggestion made by Dr. Henry Latham, of Lynchburg, to appoint an investigating committee to inquire into the conduct of Dr. Bryce regarding his printed charges against the Committee on Publications, of which the editor of this journal happened to be one, *ex officio*.”

This committee then proceeded to investigate Dr. Bryce’s charges, and exonerated the Committee from all blame. They found Dr. Bryce willing to withdraw all allegations touching the honored character of the gentlemen composing the Committee, and fully exonerated him. After which Dr. Bryce offered his resignation as Fellow of the Society, which was unanimously accepted.

It will be seen from the above, that Dr. Bryce, a Fellow of the Society, thought there was something “crooked” in the manner in which the *Transactions* had been published. As a member whose money helped pay for this publication, he had a perfect right to know how the common fund had been expended, and, if he was not satisfied, to express his dissatisfaction. Before his criticisms have been examined into, the “medical boss” moves his (Bryce’s) expulsion from the Society, contrary to the letter of the Constitution thereof, and in a manner to create public prejudice against Dr. Bryce. As Dr. McGuire was the retiring President of the Society, he must have known that his motion of expulsion was unconstitutional—consequently malicious, and, in effect, slanderous.

We tender Dr. Bryce our sincere congratulations on his resignation from a Society where he has found that his personal honor and professional reputation were at the mercy of any dominant faction. We hope he will keep clear of such associations in the future as claim a right to supervise his individual actions.

**ST. LOUIS COLLEGE OF PHARMACY.**—This school has a well-earned reputation for thoroughness and excellence of its course of study. At a meeting of its Board of Trustees, held on October 18, 1881, it was decided to admit females to the lectures upon the same basis as male students, and to confer the degree of Graduate in Pharmacy upon any lady who should pass a satisfactory examination, after all rules and regulations have been complied with. We regard this as "a step in the right direction."

**THE MICHIGAN BRETHREN** are having their own little troubles over a question of medical certificates. We tender our earnest sympathy to both sides of this "joyous" wrangle. The great question at issue seems to be: Shall Ann Arbor or Detroit secure the greater number of medical students—which?

**DR. SPITZKA** has been unable to finish his remarkable article on Cranial Asymmetry in time for our November or December issue, on account of his presence in Washington in connection with the Guiteau trial. We hope to give the second part of his paper in our January number.

**WE** would direct the attention of our readers who have to deal with cases of small-pox to the virtues of *Listerine*. They will find it an agreeable, safe and effective antiseptic for both internal and external use in such cases.

## Book Notices and Reviews.

**TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY.** Vol. 5, for the year 1880. 8vo., pp. 470. Boston: Houghton, Mifflin & Co. The Riverside Press, Cambridge. 1881. From the Secretary, Dr. James R. Chadwick.

This flourishing society has good reason to be proud of the elegant series of volumes recording its transactions, and the fifth and

latest issue presents as fine an appearance as its predecessors.

As we remarked, when giving a very full report of the Cincinnati meeting of last year, the papers presented were hardly so useful and interesting as those of former sessions; yet, now that we have them in completed and revised shape, we are fairly well satisfied with the work of the session.

We gave such an extended notice of this meeting, soon after its date, that we are hardly justified in devoting much space to a review of the several papers. If we have room, we shall in future numbers give abstracts of some of the papers, but at the present time our space is too limited to do justice to any of them.

We cannot avoid noting the new interest given Dr. Engelmann's remarkable paper on "Posture in Labor," by the large number of wood-cuts and the single heliotype illustration. Although we are unable to see any particularly *practical* bearing of this paper, we consider it of very great interest from an ethnological point of view, and this is all that the talented author lays claim to in its behalf.

Dr. H. F. Campbell's paper on "Quinine in Gynecic and Obstetric Practice," is, on the contrary, of the highest practical value, and, alone, is worth the price of the volume.

The seventy-five pages of Index of the Gynecological Literature of the World, for 1879, will be found of the highest value by all writers upon these subjects.

**THE MOTHER'S GUIDE IN THE MANAGEMENT AND FEEDING OF INFANTS.** By John M. Keating, M. D., Lecturer on the Diseases of Children in the University of Pennsylvania, etc. 16mo., pp. 118. Cloth, \$1.00. Philadelphia: Henry C. Lea's Sons & Co. 1881. St. Louis Book & News Co.

The young gentleman who went "Around the world with General Grant" has deemed it his duty to give a little book to "some young mothers, who have placed themselves and their children under his guidance." It is rather an unpretentious affair, and contains a quantity of very good advice,

such as any physician ought to be competent and willing to give young mothers under his guidance.

In his introduction, the author relieves himself of a precious bit of moralizing, to-wit:

"If there be one tendency more striking than another in the present age, and I almost wrote on this side of the Atlantic, it is that towards *concentration* in almost everything connected with our living. The young man slaves himself in early life, that he may accumulate and enjoy wealth, not as his forefathers in old age, but in the prime of his manhood; here we have concentration of labor. That his retirement may come earlier he risks all in the grand masterly effort. In our own profession we see the same, and coming as it does, nearer home, it is more striking. Experience need no longer be gained by the gradual accumulation of the well-sorted facts of a lifetime; that which took our grandfathers years to store from large and extended practices, we gain in a short time by walking the wards of our well-stocked hospitals—general hospitals, special hospitals or well attended dispensaries. Compressed pills have taken the place of potions; active principles and concentrated extracts have succeeded the more crude drugs; inhalations and hypodermic medication have shortened the period which our ancestors devoted to suffering. Everything must be done at once, and all things, if possible, at the same time."

It has seemed to us for some time, that "if there be one tendency more striking than another in the present age," and especially in the good city of Philadelphia, it is that towards the production of inane, stupid little books by the fledglings of that ancient town, for the edification of the laity. These young gentlemen seem to take a morbid pleasure in setting these toy medical boats afloat, and expect the provincial press to make them sell. "The bearings of this observation lies in the application of it."

Contrary to the tendency he so much depletes, our author sets about *diluting* what he has to say to the degree affected by the "high-potency" gentlemen of ultra Homœopathic tendencies. We confess that

we prefer "concentration," generally speaking, to such dish-water attenuations.

We have space to refer to but one subject, one which occasioned us some uneasiness when it first came under our observation. We refer, of course, to Chapter V, first section, "On the *Changing* of Infants." Our apprehensions were happily dispelled when we learned that the author was discussing the changing of diapers and not really, and in fact, the "changing" of the little ones in proper person.

It might have been just as well if our author had given distinct credit to M. Chavasse in his introduction and not have left the reader to find out for himself whence came most of the suggestions of any value the book contains.

**LANDMARKS, MEDICAL AND SURGICAL.** By Luther Holden, ex-President, Member of Council, and Member of the Court of Examiners of the Royal College of Surgeons of England, Etc. Assisted by James Shuter, M. A., Camb., F. R. C. S., Etc. From the third English edition. With additions by Wm. W. Keen, M. D., Etc. 12mo., pp. 148. Cloth, \$1.00. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis Book & News Co.

This last edition of a most excellent work has been edited so often and so thoroughly as to leave little to be done by future revisers. Dr. Keen's additions have been judiciously made, and add something to its completeness. It is really a most excellent hand book.

**ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS.** By Henry M. Lyman, A. M., M. D., Professor of Physiology and of Diseases of the Nervous System, in Rush Medical College, Chicago, Ills. 8vo., pp. 338. New York: Wm. Wood & Co., 27 Great Jones St. 1881. St. Louis: H. R. Hildreth Printing Co. Wood's Library of Standard Medical Authors' September volume. Sold by subscription only.

Dr. Lyman has compiled a very useful "scrap-book." It contains a careful *resumé* of what is known on these very important subjects. It contains nothing new, but will be a valuable addition to any physician's library.

**CHEMICAL ANALYSIS OF THE URINE.** By Elder F. Smith and John Marshal, M. D. Philadelphia: Presley Blackiston, 1881. St. Louis: H. R. Hildreth, Printing Co. Cloth, \$1.

The authors are both of them teachers of chemistry, the former occupying a chair in Muhlenberg College, and the latter being Demonstrator of Chemistry in the medical department of the University of Pennsylvania, and this little volume of a hundred duodecimo pages is the result, as we are informed in the preface, of the usual conviction on their part that "none of the existing works on urinary analysis deal sufficiently with the chemical side of the subject."

Whether, on reflecting on the number of good books which we have on the subject and which have hitherto answered our purposes very well, we are willing to admit this plea of "filling a want long felt," we must confess after looking over this little compendium that it is a very useful and handy text book of urinary examinations. It is based upon the already widely known work of Cassellman "*Analyse des Urines*," with such additions and alterations as have seemed to the authors to be expedient and valuable. The information is in a very concentrated form and is presented in such a manner as to be readily available not only to the student but to the practitioner.

More space than is usually devoted in works of this character is given to volumetric methods of analysis, and great care seems to have been expended upon the tables of standard solutions and their reactions. The chapter on the estimation of urea is a good one, but might have been improved and made fuller by the additions of the recent French methods of Buts and Yvon, which are at once simple, elegant and accurate. The work is illustrated by woodcuts in the text, and by plates showing the microscopic appearance of the various salts, etc., of the urine. The frontispiece is a handsome phototype of the ureameter of Dr. Williams, of Boston. Altogether the book is a very handy and creditable one. F. L. J.

**GLISAN'S TEXT-BOOK OF MODERN MIDWIFERY.** By Rodney Glisan, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Willamette University, and late President of the Oregon State Medical Society. 8vo., pp. 639, with 130 illustrations. Cloth. \$4.00. Philadelphia: Presley Blackiston, 1012 Walnut St. 1881. St. Louis: H. R. Hildreth Printing Co.

Dr. Glisan has given us a very useful book on midwifery, one that will be found to be complete enough for the ordinary purposes of the student and practitioner. That the author was able to secure the editorial services of Dr. Robert P. Harris, of Philadelphia, gives him an indorsement of no mean order; and we congratulate both author and reader upon this fortunate circumstance.

The author's style is peculiarly his own—it is direct to the verge of bluntness, and sometimes hardly of the æsthetic order. For instance: we could have wished he had retained the old term "external organs" for the pudendum, instead of choosing the title "copulative organs" for the parts indicated. The author may see the propriety of applying the epithet "copulative" to the meatus urinarius, though we confess our inability to comprehend his choice. Again, he refers to rupture of the perineum as a "rip" (page 368); this may be classical Anglo-Saxon, but we prefer the more common Latin derivative.

Occasionally our author seems to think it necessary to "write down" to the comprehension of his readers. Perhaps he is right to thus attempt to make himself understood, but we have no doubt he would have been just as successful and far more elegant in his use of the language if he had not conceived it as possible that the average medical student could not read a school primer without the aid of a dictionary.

As the first American treatise on Obstetrics since Hodge's classical work, this will probably have an extensive sale and be widely appreciated.

**WALSH'S PHYSICIAN'S COMBINED CALL-BOOK AND TABLET**, from 18— to 18—. Sixth edition. Published by Ralph Walsh, M. D., 332 C Street, Washington, D. C. Morocco, \$1.50.

This excellent "call-book" combines all the excellencies of its class with others peculiar to it alone. The erasable tablet offers special advantages, while the form and size of the page fits it for carrying in the breast-pocket. We give it our unqualified indorsement.

**THE PHYSICIAN'S HAND-BOOK FOR 1882**, by Wm. Elmer, M. D., and Albert Elmer, M. D. New York: W. F. Townsend, Publisher. 1882. Morocco tucks, \$2.50.

This handy volume contains besides the usual record of practice, an epitome of the practice of medicine, formulary and materia medica. It is in its twenty-fifth year of publication, and has been adopted by the Government for the use of the medical officers of the army and navy.

**THE Medical Record VISITING LIST or Physicians Diary for 1882**. New York: Wm. Wood & Co. Extra finish, red or green leather, interleaved. For 30 patients, \$1.25; for 60 patients, \$1.50.

One of the most elegant of the many candidates for professional favor, it is certain of a large patronage. It contains the usual posological tables and other matters usually to be found in works of this character. The publishers have spared no pains to make it as complete and as handsome as possible.

**FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS**, with Notes on Treatment. Compiled from the Published Writings or unpublished Records of Drs. Fordyce Barker, Roberts Bartholow, Austin Flint, J. Marion Sims, W. A. Hammond, and many others. By B. W. Palmer, A. M., M. D. 18mo., pp. 121. New York: Birmingham & Co. 1881.

Works of the kind under consideration are becoming alarmingly frequent. There can be no question as to the fact that they "fill a want long felt." The reason of there being any such

want is painfully evident. It arises from the high-pressure system which permits the average medical student to graduate before he is taught how to prescribe. It would seem to the uninitiated that *this* if nothing else would be strongly impressed upon every one who should be graduated. But the opposite is the fact. Materia medica is neglected in our schools almost as much as chemistry. Hence, three-fourths of the young graduates of American medical schools know very little about this essential part of our art.

The modest little volume in hand contains a large number of good prescriptions, a considerable number of commonplace ones, and a few of which very little can be said in their favor.

On page 49, we find an "Epileptic Belladonna Mixture." Barnum should secure a specimen for his "Greatest Show on Earth."

The author's abbreviations are altogether cut too short, thus: "Pot." is very generally given when "Potass." would be more correct, and "Am." for Ammonizæ.

After thus objecting to the sort of book, and to some of its features, we are prepared to affirm that it contains a good deal of information valuable to the class to which it is addressed. He ought to be a skillful diagnostician, however, if he is to derive much benefit from its pages. It is gotten up in dainty style, and the publisher has done his part well.

**LIBRARY OF MEDICAL CLASSES.—No. 1.**

—A practical Manual of the Treatment of Diseases of the Rectum. By Henry Smith, F. R. C. S. Price 25 cents.

No. 2.—Clinical Lectures on the Diseases of Women. Delivered in Saint Bartholomew's Hospital. By J. Matthews Duncan, M.D., LL.D., F.R.C.S., Etc. Price 35 cents. No. 3.—A Manual of Venereal Diseases for Students and Practitioners, being a concise description of these affections, and of their treatment. By Berkeley Hill, Prof. of Clinical Surgery in University College, London; and by Arthur Cooper, late

House Surgeon to the Lock Hospital. Second Edition. Price 20 cents.

This new venture in the way of medical book publishing deserves success. The plan of this "Library of Medical Classics" is to publish a monograph of recognized value on the first and fifteenth of each month. The subscription price per annum has been fixed at eight dollars. But no one is compelled to take the entire set; each being sold by itself at the price above given.

No 1, Smith on Diseases of the Rectum, is the first American edition of a work which has passed through four editions in England. The American editor has made some excellent additions, which renders the work still more complete.

No. 2, Duncan's Clinical Lectures on the Diseases of Women, was noticed at length in our columns only a few months ago, hence, we shall be content with repeating what we then said, viz.: that these excellent lectures must be read by every man who makes any pretense to proficiency in the American art—gynecology.

No. 3, Hill and Cooper's Manual of Venereal Diseases, is short, clear and very concise. It is just the work for the practical American student to read, re-read and have well in hand if he would "put money in his purse."

It should be remembered that Messrs. Bermingham and Co., 1260 and 1262 Broadway, N. Y., were the first to venture upon the experiment of supplying the medical public with works of acknowledged value at a price suited to the times. The paper, type and workmanship are good. We hope this series will receive the hearty support it deserves.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY FOR THE YEAR 1881. No. 1, Vol. VIII. Lansing: U. S. George & Co. 1881.

This volume records the proceedings of the Sixteenth Annual meeting of this vigorous society, which was held at Bay City, June 8 and 9, 1881.

A number of interesting papers were read and are here printed. One of the most interesting is that by Dr. C. B. Burr, assistant physician in the Eastern Washington Asylum for the Insane at Pontiac, on *Cocculus Indicus* in Epilepsy. He reports that "of ten cases in epilepsy in its various forms, five were found to have derived substantial benefit." Oddly enough he makes no mention of Prof. Hammond's valuable paper in the CLINICAL RECORD on this subject, although he does mention this author once. This is all the more strange as we happen to know that Dr. Burr has had the opportunity afforded him of reading the paper in question!

An account of the Banquet is given, which grows rather shadowy towards the end (nothing very remarkable about this, perhaps), the reporter stating:

"The last two toasts were responded to in a happy and felicitous style, and it is to be regretted that something like a synopsis of the same cannot be given."

We presume the reporter of many a medico-social gathering would have the same regrets to put on record.

The volume taken altogether, is quite creditable, and we hope to hear from the Michigan brothers next year.

THE PROGNOSIS OF LARYNGEAL PHTHISIS. By Wm. Porter, A. M., M. D. Reprint from the *Archives of Laryngology*, Oct., 1881.

Our townsman describes three cases of unmistakable laryngeal phthisis, in all of which arrest of the disease was brought about by well-directed treatment—two of them recovering. The following paragraph presents Dr. Porter's position very clearly:

"Reflecting upon these cases, all of them belonging to the sixth class of Beverley Robinson, and upon others less favorable in result. I have been led to doubt the doctrine of the necessary fatality of laryngeal phthisis. It is more than probable that the diagnosis in these cases will be disputed. Be it so, I have not met with better defined types of disease, and, upon the laryngoscopic evidence alone, aside from the fact of

coexisting pulmonary lesions, the diagnosis would be unquestioned by any one had the patients died. But they lived; therefore, some may say the diagnosis was wrong. Such a test is easy to apply, but it is unscientific, if nothing else, to frame conclusions from it. I grant you these are exceptional results, at least in my experience. All I claim is that some cases of laryngeal phthisis end in recovery, and this I have tried to prove."

We think Dr. Porter has succeeded in his attempt. He is to be congratulated upon the fact that there were several distinguished gentlemen at the recent International Medical Congress who claimed to have secured analogous results in similar cases.

#### LITERARY NOTES:—

THE POPULAR SCIENCE MONTHLY for November contains a large number of interesting and valuable papers. Among them we may specify an illustrated article on "Volcanoes, their Action and Distribution;" "A Half-Century of Science," by Sir John Lubbock; "The Available Energy of Nature," by Sir William Thompson; "The Duration of Human Life," by M. de Salaville; "Worry," by Dr. J. Mortimer-Granville; "American Climate and Character," by Edward C. Towne; and an exceedingly interesting paper on the "Organic Remains in Meteoric Stones," by Francis Brigham. This paper contains the record of one of the most important discoveries of the year. A Sketch of George Jarvis Bush, with portrait, gives additional value to an excellent number. Published by D. Appleton & Co., of New York, at \$5 a year.

THE *New England Medical Monthly*, an elegant octavo, double columns, 48 pages, full of excellent material, made its first appearance on October 15, 1881. It is edited and published by Dr. William C. Wile, at Sandy Hook, Connecticut; subscription, \$2 per annum. This is the only "regular" medical monthly published in New England. It deserves and will command the support

of the profession. We wish the new-comer abundant success.

THE *Northwestern Lancet* is the title of a new semi-monthly; octavo in form; eight pages of reading matter; published at St. Paul, Minn., by Dr. Jay Owens; subscription, \$1 per annum. The editorials show marked ability. This new venture is intended to supply the "new Northwest" with what is wanted in the shape of a medical journal. It has our best wishes for its prosperity.

THE *North American Review* for October contains eight articles, each of them of interest to all well-informed people. Some Dangerous Questions, by Senator John T. Morgan, is a patriotic appeal for the settlement of several menacing problems in our government. The Elements of Puritanism, by Prof. Geo. P. Fisher, discusses the foundation of this ill-understood set of ideas, and corrects not a few errors. The State and the Nation, by Senator Geo. F. Edmunds, is an important paper from our best constitutional lawyer on the limits of "State Rights." Incidentally we may remark that Senator Edmunds regards "the health laws," as among those instances of bad legislation which are "extremely dangerous in principle, not to say plainly beyond the powers of Congress." The Idea of the University, by Daniel C. Gilman, President of Johns Hopkins University is a clear statement of what such an institution ought to be. Why Cornwallis was at Yorktown, is a graphic and timely picture of events, a century old, by Sidney Howard Gay. "Shall Two States Rule the Union," by Thos. A. Hendricks, ought to be read by protectionists and free-traders alike. M. Desiré Charnay concludes his charming series of papers on the Ruins of Central America. Colonel Carrington, of the United States Army, discusses Washington as a Strategist, placing the "Father of his Country" in his proper rank—a very high one—among the great captains of all time.

It will be seen that this *Review* deals

with living issues, and that its writers are among the best in the Union. Published by D. Appleton & Co., New York, at \$5.00 per annum.

### BOOKS AND PAMPHLETS RECEIVED.

**ECZEMA AND ITS MANAGEMENT.** A Practical Treatise Based on the Study of Two Thousand, Five Hundred Cases of the Disease. By L. Duncan Bulkley, A. M., M. D., Attending Physician for Skin and Venereal Diseases at the New York Hospital, Out-Patient Department; Editor of the "Archives of Dermatology," etc., 8vo., pp. 344, Cloth, \$3.00. New York: G. P. Putnam's Sons, 27 and 29 West 24d Street. London: J. & A. Churchill, 1881. St. Louis: H. R. Hildreth Printing Co.

**THE PHYSICIANS VISITING LIST FOR 1882.** Thirty-first year of its publication. Morocco tucks, for 25 patents weekly, \$1.00; for 50 do, \$1.25. Philadelphia: Lindsay & Blakiston. Sold by all Booksellers and Druggists.

**THE PHYSICIAN'S MEMORANDUM BOOK.** Arranged by Joel A. Miner. Fifth Improved Edition, with Clinical Columns and Ledger Sheets. Ann Arbor, Mich.: Joel A. Miner, Publisher. Tucks, \$1.25. Order by mail.

**TRANSACTIONS of the Medical Association of the State of Missouri,** at its Twenty-Fourth Annual Session, held at Mexico, Mo., May 17, 18 and 19, 1881; 8vo. pp. 194. St. Louis: J. H. Chambers & Co. Printer, 405 North Third Street, 1881. From the Secretary.

**ANTISEPTIC SURGERY.** The Principles, Modes of Application, and Results of The Lister Dressing. By Dr. Just Lucas-Championniere, Surgeon to the Hôpital Tenon, Member of the Société de Chirurgie, etc. Translated from the second and complete revised edition, with the special sanction of the author, and edited by Frederic Henry Gerrish, A. M., M. D., Surgeon to the Maine General Hospital, etc. 8vo., pp., 239. Cloth, \$3.50. Portland: Loring, Short & Harmon. 1881. From the Translator.

**A TREATISE ON THE DISEASES OF INFANCY AND CHILHOOD.** By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, etc. Fifth edition, thoroughly revised. 8vo., pp. 836, with illustrations. Cloth, \$4.50; leather, \$5.50; half-Russia, \$6. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Printing Co.

**THE THERAPEUTICS OF GYNECOLOGY AND OBSTETRICS.** Comprising the Medicinal, Dietetic and Hygienic Treatment of Diseases of Women. Second edition, thoroughly revised and greatly enlarged. Edited by William B. Atkinson, A. M., M. D., Lecturer on Diseases of Children at the Jefferson Medical College, etc. 8vo., pp. 571. Cloth, \$4. Philadelphia: D. G. Brinton. 115 South Seventh. 1881. St. Louis: H. R. Hildreth Printing Co.

**A TEXT-BOOK OF PHYSIOLOGY.** By M. Foster M. A., M. D., F. R. S., Prælector in Physiology and Fellow of Trinity College, Cambridge. Second American from the third and revised English edition, with extensive notes and additions. By Edward T. Reichert, M. D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. 12mo., pp. 987, with 259 illustrations. Cloth, \$3.25; leather, \$3.75. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Printing Co.

**THE SCIENCE AND ART OF MIDWIFERY.** By William Thompson Lusk, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in the Bellevue Hospital Medical College, etc. 8vo., pp. 687, with numerous illustrations. Cloth, \$5. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1882. St. Louis: H. R. Hildreth Printing Co.

**ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE.** A handbook for students and practitioners. By Henry Hartshorne, A. M., M. D., Lately Professor of Hygiene in the University of Pennsylvania, etc. Fifth edition, thoroughly revised and improved. 12mo., pp. 669, with 144 illustrations. Cloth, \$2.75. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Printing Co.

# ST. LOUIS CLINICAL RECORD.

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NO. 9.

## Original Communications.

### DIGESTION—INDIGESTION.

BY E. N. CHAPMAN, A. M., M. D.,

Membre Correspondent de la Société Médico-Pratique de Paris.

Indigestion in its broader signification embraces a large number of symptoms—dignified as diseases—attendant upon morbid action of the intestinal tube and its glands, those seated in its mucous coat and those pouring their secretions into its cavity. To treat these symptoms wisely and bring order out of disorder, it is necessary to fully understand the physiological laws impressed upon the organs which prepare the food for absorption, and furnish the blood with the materials for its constant renewal. These laws, as fixed as those presiding over inorganic matter, will, if regarded, promote health and comfort, but will, if disregarded, induce disease and suffering. Their steady neglect always results, sooner or later, in functional disease of the stomach, bowels and digestive glands, and eventually in disorder of the whole economy. The casual light infringements of physiological laws are readily atoned for, as the natural powers promptly assert their supremacy and correct the evil; but when these have been continuous and reckless there is no reprieve except by a long and strict obedience to dietetic and hygienic rules. No medication alone, however skilfully directed and faithfully followed, will be of avail. If drugs be needed, they must be used with a due regard to the normal functions, and calcu-

lated to assist in their restoration. Still the main agencies by which to restore the normal functions are food, air, exercise, sunlight and environment. These being secured and aided, when requisite, by proper remedies, there is no reason why a complete recovery cannot be attained in all the varied forms of indigestion, inasmuch as by this course of procedure the causes of disease are removed. To success, it is essential to prescribe a diet that will impose little labor upon the digestive organs, and will at the same time offer all the elements of nutrition to the blood.

It has been supposed that food is digested in the stomach: 1st, by coction or elixation; 2d, by putrification; 3d, by trituration; 4th, by fermentation; and, 5th, by chemical solution. The first theory is that of Hippocrates, the last, that of Spallanzani, who first discovered the solvent action of the fluid secreted by the stomach. To this fluid he gave the name gastric juice.

The experiments of Beaumont on St. Martin, between the years 1824 and 1833, gave a new impulse to the chemical theory and seemed to prove that the gastric juice is the chief, if not the only, agent in process of digestion. Its action he regarded as "purely chemical," one reducing all the varied ingesta to a homogeneous pulp, the chyme. He says, "I can see no more objection in accounting for the change effected on the food, on the supposition of a chemical process, than I do in accounting for the varied and diversified modifications of matter, which are operated upon in the same way."

The chemical theory was, after it had

sway for many years, displaced by the older one, that of fermentation. The discovery of pepsin, a ferment body, seemed to settle the matter. And yet, from the insufficiency of this theory, as well as of all other theories, to account satisfactorily for the digestive process, one may even at this late day exclaim with Dr. Wm. Hunter: "Some physiologists will have it that the stomach is a mill; others that it is a fermenting vat; others again that it is a stewpan; but, in my view of the matter, it is neither a mill, a fermenting vat, nor a stewpan—but a stomach, gentlemen, a stomach!"

The more recent studies of physiologists have shown that the gastric juice does not combine with the food chemically; but, being mixed with it mechanically, induces by its presence certain changes, and then is reabsorbed into the circulation. The process is more akin to catalysis than fermentation, the catalytic body being the pepsin. The food is dissolved and reduced to a uniform mass; and yet starch, sugar and oil pass into the duodenum unmodified. Even meat, albumen, casein and gluten are not perfectly digested in the stomach; they are merely broken up, liquified and transformed into peptoms which have chemical relations different from the original nitrogenized substances. In the case of meat, the areolar tissue is dissolved, and the fibres disintegrated into a pulaceous mass. Still, under the microscope, the characteristic muscular striae are readily detected.

The cell walls of fat, starch, and other vegetable aliments are dissolved and their contents set free. The action of the gastric juice is not dissimilar to that which takes place in the case of albuminoids. When all the varied contents of the stomach reach the duodenum, the great work of digestion is continued and completed as far as the intestinal tube is concerned by the action of the duodenal, pancreatic and hepatic secretions. The action of each

has not been well defined, but this much is certain, the chief part of digestion is performed in the duodenum by the aid of the secretions formed in its mucous coat, or poured into its cavity.

Notwithstanding these well established facts in physiology, physicians all over the world are to-day prescribing pepsin as though all food was fully digested in the stomach, and nothing more was needed when the stomach flagged than to give it extraneous aid. If, according to Dalton, it requires thirteen pints of gastric juice in the case of a dog to digest a pound of meat, and if, as he states, fifteen per cent. of this juice is pepsin, it would take an enormous amount of this substance as a medicine to supply a patient for a day. Were this quantity given, nothing but albuminoid substances and cellular, fibrous tissues would be acted upon, and no provision would be made for the dissolved nitrogenized matter, starch, sugar and fat as they pass into the duodenum. The difficulty could not be met by the simultaneous use of pancreatic, as, at this point of its progress, the food requires the duodenal and hepatic secretions as well as the pancreatic to complete the digestion and prepare the chyme for absorption.

Inasmuch as casein is more completely digested in the stomach than any other albuminoid, it will be conceded, I think, that a baby confined to the breast and having healthy passages excepting a fine admixture of curd, ought to be particularly benefited by the use of pepsin. A number of years since, being impressed with the reasonableness of this theory of digestion, I faithfully tried the best pepsins in the market—domestic and foreign, acid and neutral—without attaining the least advantage. The curd appeared in greater quantity and in larger pieces than before. With this experience I abandoned its use altogether, and directed my attention to the causes that interfered with the digestion.

The thousand and one changes on pepsin,

and on pepsin and pancreatine having been rung, and still the attainment not being equal to the promise, then attention was turned to prepared foods and those partly digested. Now, certainly, as all the elements of nutrition are in a concentrated form, and need but slight changes in the stomach and duodenum to prepare them for absorption, the patient cannot fail to be nourished.

More recently it has been claimed that medicine has now attained such precision as to render it possible on a chemical basis to decide when to give and when to withhold any particular food or drug. To make muscle, fat, nerve, etc., is a simple matter. The poor consumptives have had a large experience in this plan of treatment. To their sorrow they have found themselves, not infrequently, wasting away day by day on a rich diet and free doses of cod-liver oil. This while, the state of the gastroduodenal mucous membrane had been disregarded or assumed to have the average healthy condition. That this is not so, except in rare instances, is a matter of common observation. Indeed, disease of the lung may arise from a fault in digestion and assimilation and be hurried forward by over-crowding the stomach.

The observations of Beaumont throw a flood of light upon the varying condition of the gastric mucous membrane and its secretions.

"The inner coat of the stomach, in its natural and healthy state, is of a light or pale pink color, varying in its hues according to its full or empty state. It is of a soft, or velvet-like appearance, and is constantly covered with a thin, transparent, viscid mucus, lining the whole interior of the organ." When the stomach is empty "the rugae appear irregularly folded upon each other, almost in a quiescent state, of a pale pink color, with a surface merely lubricated with mucus." When food is taken "the action of the vessels is increased, the color heightened; even the vermicular

motions are excited. The small vascular papillae begin to discharge a clear, transparent fluid, which continues abundantly to accumulate, as aliment is received for digestion."

In morbid conditions "the villous coat becomes somewhat red and dry; at other times, pale and moist, and loses its smooth and healthy appearance; the secretions become vitiated, greatly diminished, or entirely suppressed; the mucous coat scarcely perceptible; the follicles flat and flacid, with secretion insufficient to protect the vascular and nervous papitlas from irritation."

"There are sometimes found on the internal coat of the stomach, eruptions, or deep red pimples; not numerous, but distributed here and there, upon the villous membrane, rising above the surface of the mucous coat. These are at first sharp, pointed and red; but frequently become filled with white, purulent matter. At other times, irregular, circumscribed, red patches, varying in size or extent, from half an inch to an inch and a half in circumference, are found on the internal coat. These appear to be the effect of congestion in the minute blood vessels of the stomach. There are, also, seen at times, small aphthous crusts, in connection with these red patches. Abrasions of the lining membrane, like the rolling up of the mucous coat into small shreds or strings, leaving the papillae bare for an indefinite space, is not an uncommon appearance."

One of the experiments of Beaumont on St. Martin shows how profoundly the stomach is impressed by indigestible, irritating articles. Several of these secured by silk strings were introduced into the stomach through the fistulous opening at 12 M. During the afternoon there was "considerable distress and uneasiness at the stomach, general debility and lassitude, with some pain in his head." The secretion of the stomach was "rancid and sharp."

The next morning, "the distress at the stomach and pain in the head continuing, accompanied with costiveness, a depressed pulse, dry skin, coated tongue, and numerous white spots, or pustules, resembling coagulated lymph, spread over the inner surface of the stomach, I thought it advisable to give medicine; and, accordingly, dropped into the stomach, through the aperture, half a dozen *calomel pills*, four or five grains each; which, in about three hours, had a thorough cathartic effect, and removed all the foregoing symptoms and diseased appearances, of the inner coat of the stomach."

St. Martin, after eating irregularly and drinking immoderately for several days, said he felt well and relished his food, and yet Beaumont found that erythematous and aphthous patches had appeared on the lining membrane of the stomach, and that the gastric juice had become much vitiated.

There was no material change the day following the examination, but the second day "inner membrane of stomach unusually morbid—the erythematous appearance more extensive, and spots more livid than usual; from the surface of which exuded small drops of grumous blood—the aphthous patches larger and more numerous—the mucus covering, thicker than common, and the gastric secretions much more vitiated. The gastric fluids extracted this morning were mixed with a large proportion of thick ropy mucus and considerable muco-purulent matter, slightly tinged with blood, resembling the discharge from the bowels in some cases of chronic dysentery. Notwithstanding this diseased appearance of the stomach, no very essential aberration of its functions was manifested. St. Martin complains of no symptoms indicating any general derangement of the system, except an uneasy sensation and a tenderness at the pit of the stomach, and some vertigo, with dimness and yellowness of vision, on stooping down and rising again—has a thin, yellowish

brown coat on his tongue, and his countenance is rather sallow, pulse uniform and regular; appetite good; rests quietly and sleeps as well as usual."

In four days, during which he had been "confined to low diet, and simple, diluent drinks," and "not been allowed to taste of any stimulating liquors, or to indulge in excesses of any kind, the coats of the stomach were as clear and healthy as usual."

Beaumont remarks, "Diseased appearances, similar to those mentioned above, have frequently presented themselves in the course of my experiments and examinations. They have generally, but not always, succeeded to some appreciable cause. Improper indulgence in eating and drinking has been the most common precursor of these diseased conditions of the coats of the stomach. The free use of ardent spirits, wine, beer, or any intoxicating liquor, when continued for some days, has invariably produced these morbid changes. Eating voraciously, or to excess; swallowing food coarsely masticated, or too fast; the introduction of solid pieces of meat, suspended by cords, into the stomach; or of muslin bags of aliment, secured in the same way, almost invariably produced similar effects, if repeated a number of times in close succession. \* \* \*

"It is interesting to observe to what extent the stomach, perhaps the most important organ of the *animal* system, may become diseased without manifesting any external symptoms of such disease. In the case of the subject of these experiments, inflammation certainly does exist to a considerable extent, even in an *apparent* state of health—greater than could have been believed to comport with the due operations of the gastric functions."

From these observations of Beaumont upon a healthy subject and under favorable conditions, it is quite certain that the mucus coat of the stomach is very prone to be inflamed by dietetic abuse, and its secre-

tions checked and perverted; and, also, that the mere act of abstinence is usually sufficient to subdue the inflammation and restore a free and healthy secretion of the gastric juice. When St. Martin persisted in an injurious course of eating and drinking, the morbid condition became, more and more, aggravated until, at last, the digestive process was no longer possible. Under such circumstances, it would have been folly in Beaumont to have attempted, by artificial means, to force the digestion, as is now the habit of so many practitioners the world over.

From the promptness with which the inflammation subsided in St. Martin's case, when the stomach was left at rest, it is apparent that the mucous membrane was not actually inflamed like ordinary tissues of the body, but only assumed that appearance through an intense physiological congestion. In other words, the gastric mucous membrane is an erectile tissue, and is, by the influence of the ganglionic nerves, subjected to periods of great nervous and vascular action. This, in the normal state, is followed by involution; but in the abnormal, the congestion remains and is intensified by continuous irritation.

From the number, amount, and importance of the secretions discharged into the duodenal cavity, it seems, a priori, that the activity going on in the nervous and vascular systems of the glands engaged in this part of the digestive act, must be equal to that of the gastric glands, and that the congestion of the duodenal mucus membrane must be equal to, if not greater, than the gastric. Indeed, in my experience, the duodenum is involved more frequently and profoundly than the stomach. This, necessarily, would be the case, as here the final intestinal changes on all articles of food are effected.

The various secretions holding nutritive materials in solution are taken up by the venous radicals, and carried into the portal

veins. Their average sum total in a day is something enormous—saliva, 3 pounds; gastric juice, 14 pounds; bile,  $2\frac{1}{2}$  pounds; and pancreatic juice,  $\frac{1}{8}$  of a pound. This quantity, increased by the fluids drunk, is carried forward to the liver. To me, it seems highly probable that the several secretions, thus united, may still act as catalytic bodies and further perfect the work begun in the stomach and duodenum. At least the digestive process is renewed with great vigor in the liver, which becomes the seat of nervous and vascular activity. Thence the portal blood passes to the heart, which propels it to the lungs. Here, the blood, in addition to its parting with carbonic acid and taking up oxygen, undergoes other changes that fit it for assimilation. If the food has been imperfectly elaborated; and, particularly, if the liver has done its part slovenly, the fact is often proclaimed by the vile, putrescent odor of the breath.

When a person habitually overtaxes his digestive organs, the sympathetic nerves lose their irritability, and the portal veins become engorged. Thereupon arise congestion of the kidneys that checks the secretion of urine, and congestion of the liver that prevents the exercise of its several functions.

The portal veins, kidneys, and liver being thus oppressed, should the digestion remain active, the evil would be still further increased each day until a serious illness intervened and, by a forced abstinence, offered the natural powers a chance to recover themselves.

This congestion of the kidneys always induces functional disorder, and sometimes actual disease of the urinary organs. In such cases, a restricted diet and purgative salines are remarkably efficient in reducing the excrementitious products, and depleting the portal veins; and, in this way, relieving the venal congestion. Even in albuminuria, this plan of treatment proves its superiority to any other by holding the disease in

check, and by preventing at times, in recent cases, structural changes.

As to the liver with its many offices, the engorgement of the portal circulation is even more detrimental. The digestive products passing through it are not properly acted upon, so that general nutrition suffers; and a scanty amount of bile is secreted, so that digestion flags. The same indications that hold in the case of the kidneys are here applicable. Low diet, and saline purgatives reduce the work of and remove the blood pressure from the liver the same as they do from the kidneys.

The condition of the urinary and biliary secretions should be carefully observed in all disorders of the digestive apparatus, as, also, in all those that may arise therefrom.

If the urine be scanty, thick, high colored, contains mucus, and deposits a sediment, the digestive organs are, in all probability, clogged and the portal veins engorged. No medication directed to the kidneys can avail as long as the cause remains in operation. Sustaining food, tonics, diuretics, or other remedy suggested by the local disorder will but add to the trouble already present.

The same statement applies to a congested liver. Nothing can supply the place of bile in the intestines, or remedy the many evils arising from the defective elaboration of the nutritive materials in the portal veins. Artificial digestives are migatory, and tonics and strong food are injurious.

With this repletion of the portal circulation and oppression of the kidneys and liver, the irritability of the sympathetic nerves becomes so blunted that the power of spontaneous restoration is well nigh destroyed. Now, a host of diseases are imminent. Which one will first declare itself depends upon the weakness of the part invaded, or upon some trivial exciting cause.

The starting point of this extreme congestive condition is, almost always, the gastro-duodenal mucus membrane, which

had previously become inflamed by constant diatetic abuse. A diarrhoea or a purgative may, for a time, resolve the inflammation by exciting the secretion of the mucous glands and the flow of serum from the intestinal capillaries.

The diet, however, not being restricted, indigestion, acidity, flatulence, pain and the many other symptoms waiting upon dyspepsia soon declare themselves, and offer what natural barrier there may exist to an overindulgence of the appetite. At this point, provided warning is not heeded, the irritation of the ganglionic nerves, and the vitiation of the gastro-duodenal secretions intensify the original disorders, and add others to the list of more ominous import.

On the other hand, if the digestion continue unimpaired and free gratification of the palate be indulged in, the portal circulation will, eventually, be loaded with crude materials, and the liver and kidneys congested. Thereupon will arise irritation of the abdominal nerves, and through this irritation, greater obstruction of the secretive and excretive glands. This irritation, after a time, is propagated to the general nervous system, and then various forms of neuralgia are induced. The natural powers often attempt to burst the bonds that bind them by setting up a diarrhoea or a dysentery. Should spontaneous relief not present itself, nor art act in the right direction, the sympathetic nerves would become torpid and eventually semi-paralyzed. The peristaltic action of the bowels being checked by the imperfect nervous stimulus all the dangers of obstruction are encountered. Now, as before, the prime indication is to deplete the portal veins, reduce the engorgement of the liver and kidneys, and thus restore the normal irritability of the nerves.

Under one or more of the conditions mentioned above, almost any disease may take its rise; for, if the body be nourished a length of time by poor materials its var-

ious structures will not be maintained at the normal standard. Besides, the ganglionic nerves, which preside over the circulation and cell-life of each and every part will be robbed of this power and rendered incapable of making the most of such materials as shall be presented. A free indulgence at the table leads, in addition to the abdominal disorders hitherto mentioned, to eruptions, erysipelas, rheumatism, gout, and various forms of inflammation. Even pneumonia may be due to this cause. So, likewise, this state of the chylopoietic viscera may lead to anaemia, scrofulosis and tuberculosis.

Whatever the disease that may start from gastro-duodenal inflammation, congestion of the liver and kidneys and defective secretion and excretion, it is all important to regulate the diet and renew the functional activity of each part before attempting any special treatment.

Of all the organs engaged in the work of digestion, the liver holds the chief place. It elaborates the products of gastro-duodenal digestion, forms glycogen, secretes bile, and excretes coleslerin. If the materials for assimilation are not properly elaborated as they pass through the liver, healthy nutrition falters and fails, and if the bile flows scantily into the duodenum the digestion becomes laborious and imperfect. Thus the trouble acts in a circle, one of the several hepatic functions suffering, the others suffer also. If the bile be freely secreted, it will be pretty certain that the liver is performing its other duties equally well. Hence the condition of the liver can always be discovered by an examination of the evacuations, which contain the coloring matter of the bile.

In a healthy, thriving baby, confined to the breast, the evacuations are soft, adhesive, without odor and of a deep pumpkin-yellow color. If the bile be scanty the color will be lighter—orange, lemon, or straw color, and the odor sour, musty, or foetid. A green, dark, or black color is

due to a small amount of bile mixed with a large amount of acid and other secretions. When the bile is deficient the casein appears in minute or small pieces; but when absent, as shown by an ash, grey, or white color, the pieces are large and numerous, floating in an acid, offensive fluid. In such cases, which are seen in cholera infantum and marasmus, there is no jaundice, but only the results of indigestion and malassimilation. Jaundice seems to be wholly due to the absorption of secreted bile before it reaches the intestinal tube and not to its suppression. In other words the liver forms the bile from the blood, and consequently if no bile be secreted, no jaundice will follow.

A similar state of the movements is to be observed at any period of life whenever the milk diet is enforced. The green or black discharges do not, as has been taught, indicate biliousness. In fact, the bile is seldom in excess, unless a healthy stomach has, by a casual indiscretion, been subjected to unusual irritation. It is not the cause, but the effect. A simple diet and laxatives is all the treatment required.

In cases of gastric and duodenal inflammation of some standing, mis-called biliousness, diet and laxatives alone are rarely sufficient to reduce the engorgement of the mucous membrane and renew the activity of the liver. An agent is needed that will act directly on the part or parts involved. Such an agent is calomel which, it would seem, by a local impression on the mucous glands excites them to secretion. If it fail in this, nothing will be accomplished, the inflammation continuing unabated; but if it succeed, the evacuations will be green or dark and contain mucus. Thereafter the evacuations will have a pale yellow color, showing that the action of the mercurial was upon the mucus glands and not upon the liver. When, however, the mucous inflammation has been subdued by one or more purgative doses of calomel, taken at intervals, and by a rigid adherence

to the milk diet for a time, the evacuations will contain a greater, if not a sufficient amount of bile, as the normal action of the liver is due to a healthy state of the duodenal mucous membrane. The completeness and permanence of the cure is now wholly dependant on obedience to dietetic rules.

In obstinate cases, that the mercurial may diffuse itself over a large surface and attain its full topical effect, the calomel must be intimately divided by trituration with chalk or sugar, and given on an empty stomach some hours before it is carried off by a cathartic. Dividing this single dose into several, and administering one at two and three hours interval the impression of the calomel is still more decided. Should this course be repeated every second or third day, the mercurial would enter the capilleries and be carried to the liver, and then by direct contact it would stimulate this gland, as it had the mucous glands, to greater functional activity.

The mercurial being used longer still, it enters the general circulation and excites the glands of the mouth and skin.

Whether given in a single purgative dose or in repeated doses, mercury always acts topically on the glands: 1st, on the mucous glands of the stomach and intestines; 2d, on the liver, and 3d, on the glands of the mouth and skin. Being a foreign body it is thrown off in the secretions, which the stimulous imparted by it has aroused. In the case of the liver, this remedy is revolutionary in respect to the many offices filled by this, the largest gland of the body. The gastro-duodenal gland, or these glands and the liver having been aroused to and maintained in proper activity by the mercurial, the patients final restoration to health can come only through a strict adherence to dietetic rules. Here the real difficulties in the treatment commence, as on slight provocation the original morbid action is prone to return. The explanation

seems to be this: the ganglionic nerves when once their tonicity has been impaired, rarely ever regain it completely. Besides, the organization may have been below the average standard through a vice in the ancestral blood. Then, again, in infancy when the constitution is being formed, the digestive organs may have been so recklessly abused as to intensify hereditary tendencies and to institute others equally detrimental.

The great duty of the physician to the young is to eradicate the faulty tendencies of the ancestral stock by diet, air, sunlight, exercise, and the many other agencies that tend to build up a vigorous frame. Doing this, he will find in the coming generation that health is the rule and disease the exception, and that functional disorders will be rare, and that even tubercle, albumina, diabetes, cancer, will claim fewer victims.

Now and then one meets with a person living on this higher plan through the stamina of his ancestors. The laws of health are seemingly disregarded with impunity. The secret is, such a person is kept up by a reserved power that has been accumulating for several generations in the the nerves of animal life. They resist and repel morbid influences. A vitality of a high order is their happy lot. Others, less liberally endowed, fall into ill health and perish by the way, while these retain their vigor and march on to the end of the journey. The difference lies in the ganglionic nervous system.

If, as hitherto represented, the condition of the secreting and excreting glands are such important factors in the maintenance of health, and if the first departure in most diseases from this state is due to a faulty digestion and assimilation, it is at once apparent that a mere diagnosis of the special disease excited is not sufficient in a therapeutic point of view. The names, rheumatism, neuralgia, dyspepsia, colic, eczema, etc., etc., mean but little to a

physician unless he goes deeper and discovers the underlying causes. These brought to light and removed, the disease which is only a prominent symptom, disappears spontaneously, or subsides promptly under special medication. This while, the new materials for assimilation should be fully elaborated, and the old materials for dissimilation fully eliminated, and then, through the renewed tonicity of the nerves of animal life, the suffering organ or tissue would return to the normal state. The attainment of health consists in restoring each part to its original functional activity. The sphere of drugs is limited. They are mainly useful in the aid they may give in forwarding this one purpose. Were the druggist's shelves cleared of three-quarters of their contents, patients would not be the losers. What is needed is more attention to dietetic rules and less faith in the virtues of drugs.

If therapeutics should ever take its proper position, and medicine assume the title of a science, it would be not by enlarging the pharmacopœia and refining nosology, but by restricting the sphere of drugs, and tracing morbid actions back to their source. This much being done, the cure not only, but the prevention of disease will be the glory of our art. Then the infant would be so cared for as to insure to it a fund of nervous and vascular force that would, under the like care thereafter, ensure perfect development in youth, and a hardy constitution in later years. Thus it might come to pass, eventually, that each succeeding generation would start from a higher level physically, and also from a higher level morally, provided the faculties of brain and heart were cultivated with equal assiduity. That would be a happy day for the race, when a sound mind in a sound body was the common heritage.

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## MYDRIATICS AMONG THE ANCIENTS.

*A Commentary on Prof. J. Regnaud's Commentary on Galen and the grayish-eyed Ladies of Rome.*

BY FELIX FERRIERE, M. D.

" Forsan meminisse juvabit."

Through the courtesy of the editor of the CLINICAL RECORD, we have been favored with copies of *Le Progrès Médical*, a Parisian medical weekly, of last January. Our attention was particularly drawn to an article by Prof. J. Regnaud, a distinguished French scientist. This paper bears the title, "Galen on Mydriatics." We confess that these few words created in us quite a sensation, and elicited our promise to look into it and weigh its contents. This promise we purpose to fulfill to-day, with our accustomed American freedom, but without forgetting the proper regard due the eminent *savant* who happens to be, for the present, the subject of our discussion and friendly criticism.

Prof. Regnaud begins by telling us how, in January, 1881, he was the *first* who had published J. Ray, the English botanist and zoologist of the seventeenth century, as the discoverer of the mydriatic property of belladonna. He quotes to that effect the Latin passage where J. Ray relates how he came to that discovery by a "*mere chance*."

We like such a quotation, because it settles one point of the question, that is to say, the fortuitous discovery of the dilatation of the pupil. But is it well proved that the world, before 1881, was ignorant that J. Ray was the owner of that discovery? We would incline to say no; and here is the reason of our protest.

About 1849, there was printed in Paris a *Dictionnaire d'Histoire Naturelle*, under the auspices of Arago, Audoin, Baudement and

others. C. Leveille had charge of the botanical department, and in speaking of belladonna, he tells us that its mydriatic property was found by "a mere chance." Now, is it reasonable to suppose that a learned botanist like Leveille would mention that "mere chance," unless he had read it in Ray's *De Historia Plantarum*. Leveille, it is true, forgets to write the name of J. Ray, but we know that *non erat hic locus*.

After this anecdote of J. Ray, the learned Prof. Regnauld manifests his surprise at the astonishment of the English botanist, in presence of the mydriatic effect of belladonna, when, adds he, "more than fifteen hundred years before, Galen had used it in view of that property;" and to prove the priority of Galen, Prof. Regnauld has on hand three quotations from Galen himself, but instead of giving us a passage on belladonna, he quotes Galen on *hyoscyamus* alone; and again, instead of quoting a single word where Galen mentions dilatation, or mydriasis, he is satisfied with giving us a recipe of Galen's for the use of women, to enable them to change their blue eyes into black ones.

First. We do here emphatically assert that Galen never had any intention to do such a thing; we emphatically assert that no lady in Rome who had the good fortune to possess blue eyes, would ever have exchanged them for black ones, the most common occurrence amongst them. The Romans learned their ideal of beauty from the Greeks, and we all know the Grecian ideal to have been a blonde Venus with blue eyes.

Had Prof. Regnauld given more attention to the word *glaukos*, he certainly would have avoided this blunder, since *glaukos* does not mean, at least here, the attractive blue, but, to the contrary, the repulsive greenish (*verdâtre*).

The Latin translation itself of the Greek word *glaukos* by *glaucus*, brought in by Prof. Regnauld, confirms our interpretation, since this Latin word *glaucus* does not mean blue

but greenish (*verdâtre*). (See Fr. Noël, Classical Lat. Dict.).

Second. We would beg Prof. Regnauld to quote another more evident passage (since he boasts to have three at his disposal), in order to prove that Galen had a very distinct idea of the dilatation of the pupil, and then, but only then, we promise to surrender our point.

So far, Galen appears before us with a recipe in favor of women disgraced by nature, and using *hyoscyamus niger* on account of its supposed property of dyeing black; but this does not clearly prove his knowledge of dilatation or mydriatics.

Besides, as Galen operated on both eyes simultaneously, he hardly could have perceived the striking contrast which led J. Ray to discover the dilatation of the pupil, as this latter had applied the leaves of belladonna only to one eye. To suppose that Galen had chosen *hyoscyamus* in preference to the other solanaceæ, on account of its superior mydriatic property, is simply to make Galen, of the second century, the equal in that respect to Prof. Schroff, of the nineteenth century, when he says: "A solution of *hyoscyamia* dropped into the eye causes a dilatation of the pupil, more rapidly, intensively and for a longer time than any other agent;" and to Reissinger, when he states that one part of it to ten of water introduced into the eyes, causes a dilatation of the pupil without irritation of the conjunctiva.

But let us free our mind. This gallant recipe from Galen forces us to change our opinion about his character. From his teachings on generation, we had always believed in his gross neglect of women, so much so that he never dissected a female cadaver. But now, it would seem after all, that he was not so indifferent to them, when those women or ladies were quite alive and coquettish!

Before closing our remarks, we cannot help admiring the adroitness of Prof. Regnauld, when he tries to juggle out "hyoscy-

amus" from the text of Galen, to replace it by "belladonna;" but in spite of his efforts, we have seen the transit, and hyoscyamus alone will remain. Therefore, we feel less inclined to wonder at the simplicity of J. Ray, before the unexpected mydriatic effect of belladonna, since Galen himself did not know anything about it, and, consequently, J. Ray could not have learned it from the works of Galen.

St. Louis, 212 Walnut street.

### CONTINUOUS DILATATION *versus* URETHROTOMY.

#### *An Old but Rational Treatment of Strictures of the Urethra.*

BY JOSEPH L. BAUER, M. D.

The caption given above was suggested for various reasons. First, to draw a comparison between the various operative means; and secondly, to caution against the immediate adoption of new procedures or innovations, at the expense of true, tried and successful methods.

In no field of surgical science have the attempts to save time in operations been more greatly rewarded than the effort to relieve strictures of the urethra. In no field of surgical art is there a more apparent freedom from danger than in internal urethrotomy or divulsion. Nor has any operation been extolled to a greater extent by a few authorities, than the internal division of urethral strictures. It will be the province of this brief essay to point out the comparative merits of each procedure, viz., continuous (not occasional or interrupted) dilatation, internal section and divulsion.

Up to the time of Ambroise Pare, the father of internal section, dilatation was the only means adopted for the relief of urethral narrowing. Since that time, the exact treatment of this mechanical interference has remained a mooted question. Different authorities are adherents of one or the other plan; but the greater number of sur-

geons prefer dilatation in any of its forms. Whatever differences of opinion may exist as to the method of relief, all surgeons agree that a complete or radical cure of urethral stricture is impossible; that organic stricture is composed of fibrous or fibro-cartilaginous tissue; in other words, we have, practically, to deal with cicatricial structures. Hence the corollary, that whatever operation is performed, cutting or divulsion, a new cicatrix is formed, with its full and increased complement of contractile tissue, requiring methodic stretching to prevent recontraction of the scar. Were it possible to transplant healthy areas of mucous membrane, similar to the means employed to remedy deformities after burns, the aspect of the question would be changed materially. But this is not the case. One thing is *positive*, you may cut or stretch, you will have to *dilate* to render your operation anything of a success. This is not only a fundamental principle, but a determining factor. In this discussion it is not my intention to refer to strictures of the pendulous urethra: the argument would have to take a different phase. My statements apply to the urethra posterior to the triangular ligament. I will occasionally refer to the *indiscriminate* cutting of every mechanical *narrowing* that may fall within the grasp of "*Leroy*."

The majority of surgeons have admitted the propriety of divulsion in certain cases, but have almost universally condemned and opposed internal cutting as irrational. Before I continue my comments, it would be well to quote from the standard authorities upon these points:

Prof. Agnew\* makes the following statement: "But, however valuable may be incision, it must not be deemed a radical cure for stricture, notwithstanding what is said to the contrary by sanguine urethrotomists. The splice, of which so much is said, and which occupies the gap between the sides of the divided parts, is granulation tissue, and the resulting cicatrix will always

\* "Agnew's Surgery," Vol. II. page 492. 1881.

retain that invincible property of contraction. The tendency to contraction is, it is true, lessened, but it is not destroyed, and hence the patient must be instructed to pass a metal sound once or twice a month to keep out of the hands of the surgeon at some future time."

Prof. E. L. Keyes\* states: "I remember one poor fellow, whose urethra I cut again and again, when testing this method, urged on by the patient himself, and fortified by the advice and counsel of experienced men in consultation. He did not get well. \* \*

"My belief is, that there is a kind of surgical effervescence just now, scattering itself far and wide, to invent fresh instruments for the internal cutting of urethral strictures. The success that has attended patient and systematic dilation is forgotten, whilst an ingenuity that might have cheered a 'Brunel' is bestowed upon the construction of yet more engines and machines than can ever, in my judgment, take its place in the safe and successful treatment of this disease."†

Prof. Albert, in his exhaustive and excellent work on "Surgery," Vol. IV. pp. 233-235, Vienna, 1880, grasps the situation in a nutshell. He says: "Whether we cut the stricture with this or that instrument, whether we cut multiple strictures in one or frequent sittings, internal urethrotomy is only a *part* of the treatment, in fact, a prelude. Then *must* follow *methodic dilatation*. Eager supporters of urethrotomy concede that it is only a curtailment of the dilatation method; that it places the surgeon in a position to evade that portion of dilatation where the stage of reaction is most frequent and intense; that, in a certain sense, they leap over this period. In this respect its *virtue seems* of some importance.

"We must not overlook its detriments. Experience has long since taught that profuse hemorrhages, infiltrations of urine,

pysemia and septicæmia follow the operation. With the occurrence of such dangers, a *saving of time is dearly bought*. If we examine closer, we find that the stage of stormy reaction is not fully bridged over by urethrotomy. For, whether an anterior or posterior incisor is made use of, a portion of the latter must enter the stricture. But if the stricture has the specified width, we can *progress rapidly* in the *majority of cases* by *slow dilatation*, and with a little care circumvent all dangers. I have not performed a *single* urethrotomy, having seen *no necessity* for it, nor have I lost a single patient (can the urethrotomists say as much?), and have always succeeded with blunt dilators. When responsible surgeons endeavor to convince us of the admissibility of internal cutting, derived from personal experience, we must always present those cases in which a fatal result followed. I would perform the operation without hesitation, if I could say after withdrawing the instrument, I had cut this or that. But inasmuch as portions of erectile tissue are frequently imbedded in the meshes of callous tissue, I would as likely incise them as the cicatricial masses. With the assistance of endoscopic evidences we might act more intelligibly. But cutting in the dark seems more risky than the introduction of blunt dilators. Rapid dilatation with a dilator is preferable, because in internal urethrotomy morbid reaction is more frequent and intense; therefore, the latter possesses the dangers of a wound. If we compare one with the other, and acknowledge that the application of the dilator by the surgeon can be more safely regulated; that certain dilators act very mildly, we are inclined to give preference to the dilator.

"Those surgeons who have gained successful results with urethrotomy, will certainly believe that all doubts of its efficacy are exaggerated. Nobody is willing to deny that strictures have been divided with one cut; but there is a difference when we endeavor to set up a precept or principle of

\* E. L. Keyes, A. M., M. D. "The Venereal Diseases." New York: Wm. Wood & Co. 1880

† Oliver Pemberton, F. R. C. S., Ed. "On the Treatment of Organic Strictures of the Urethra." London *Lancet*, June. 1878.

action. The desire is to admit the method, and this I am unable to do. Moreover, I agree with the representations of Dittel, that urethrotomy (internal) should only be performed, then, when we have a full comprehension of the tissues to be divided. The position is typical when the stricture is situated at the *meatus urinarius externus*; here everything is visible. In the deeper portions of the urethra, we can only have divided one band or fold with the urethrotome. In other cases, patient dilatation is the chief method; forcible dilatation (divulsion) in specified cases, to save time, and external urethrotomy in specified cases, as a last hope."

I might add pages of quotations, not only with arguments but figures, to show the danger of internal cutting, but also to prove the oft-repeated fact, that continuous dilatation is at last the mainstay of every operative attempt. Those who are interested in the subject of internal incision may consult the excellent article by Prof. Ranney, in his pamphlet containing a reprint from the *New York Medical Journal*. The author has collated the statements of all the influential surgeons of the scientific world, as well as the statistical figures from the book of Prof. Otis, of New York, the greatest advocate of internal section in America. Let us glance at them.

Hemorrhage in	-	-	-	-	4 cases.
Rigors in	-	-	-	-	6 "
Curvature of penis	-	-	-	-	3 "
Prostatic abscess	-	-	-	-	3 "
Diphtheritic exudation	-	-	-	-	3 "
Retention of urine	-	-	-	-	1 case.
Necessity for perineal section after operation	-	-	-	-	1 "
Necessity for aspiration of the bladder	-	-	-	-	1 "
Gonorrhoeal rheumatism	-	-	-	-	1 "
Acute urethritis	-	-	-	-	2 cases.

No deaths were recorded.

In the second series of cases (136 in

number), the following accidents occurred:

Hemorrhage in	-	-	-	-	8 cases.
Rigors or urethral fever	-	-	-	-	11 "
Suppression of urine	-	-	-	-	1 case.
Deformity of penis	-	-	-	-	6 cases.

Two fatal cases are reported, where the dilating urethrotome was used in connection with perineal section, and two others where internal urethrotomy was alone performed.

One died of pyelo-nephritis and renal abscess, on the sixteenth day. The second died of suppression of urine and uræmia, on the third day. The third died of the same cause, on the sixth day. The fourth ditto ditto, on the eighth day.

In the 240 cases operated upon by Dr. Otis—

Hemorrhage occurred in	-	-	-	-	5.5 per ct.
Rigors or urethral fever in	-	-	-	-	7 "
Deformity of penis	-	-	-	-	4 "
Death in about	-	-	-	-	2 "

In the 43 cases of the Hôpital St. André, given by Gregory—

Hemorrhage occurred in	-	-	-	-	36 per ct.
Urethral fever	-	-	-	-	59 "
Rigors	-	-	-	-	36 "
Abscess	-	-	-	-	9.5 "
Infiltration of urine	-	-	-	-	14 "
Retention	-	-	-	-	16 "
Death in nearly	-	-	-	-	20 "

It is unnecessary to produce further evidences of the fatality of this operation. Statistics speak for themselves.

If the fact is conceded that, after any operation, dilatation is an absolute adjunct, may I be permitted to ask the questions: Why do we not dilate entirely? What reason have we for assuming the risks and dangers of an operative procedure, if the milder method is as positive and more devoid of danger! Urethrotomists have charged that dilatation is slow and unsuccessful. Why? The histology of the urethral as well as the sub-urethral connective tissue was comparatively unknown. We were ignorant of the amount of elastic tissue imbedded in and surrounding the

canal. In fact, we had no idea of the *limit* of urethral dilatability. No one had discovered that the urethra could be enlarged to twice its normal calibre without detriment to its envelopments. A No. 11 or 12 sound was supposed to be the maximum of treatment. Then all efforts ceased, and undoubtedly the stricture, whether resilient or otherwise, returned to its old limits. The discovery of these new truths is due to the urethrotomists themselves. Now, if the great distensibility of the urethra depends upon the amount of elastic tissue, it follows that there is a *limit* to the distension. This occurs when its *inherent* contractile property is destroyed. This fact is well illustrated in a piece of ordinary gum-elastic. The efforts of treatment should be directed to the destruction of these elastic properties. When consummated, a rapid recontraction need not be feared. It is true we have no means at our command to determine when this condition has been reached, but we possess the *practical mechanics* by which it can be fostered. This mechanism consists of *catheters* and sounds. The same rule applies to a resilient or irritable stricture. In the former, it is only a question of time and patience. In an irritable stricture, where the use of the sound or catheter occasions great pain, I have succeeded in reducing and removing hyperæsthesia by means of urethral injections of extract. *opii aqueosi fluidum*—a preparation of opium made according to a German formula. This remedy is an excellent sedative, and allows the passage of any instrument with little inconvenience. It has been my fortune to have treated four cases of *impermeable* stricture of the urethra within a very short time. In all four of them, one and the same method was made use of. For the description of one case see St. Louis CLINICAL RECORD, August, 1881. In that case there were five urinary fistulæ leading through the perineum and scrotum. The urethra was discovered and penetrated by means of a very fine Sims' uterine probe with a bulbous point.

Catheters were then tied in the bladder, and changed at intervals of fourteen and sixteen hours. The experience of Prof. Otis, that it is better to prevent the end from remaining in the bladder, was verified. The patient experienced a severe cystitis. A repetition of the inflammation was prevented by allowing the terminal point to rest in the prostatic urethra. The fistulous tracts healed entirely, and the patient can introduce a No. 12 with ease. Up to this time, four months after discharge, no relapse has occurred. If the fistulous tracts have existed a great length of time, it may be necessary to apply other adjuncts to heal the strictures. In such cases, tincture of iodine injected into the tracts seems to answer the purpose. As a rule, the prevention of urine passing through the sinuses appears to be the greatest therapeutic necessity.

Some time since a negro, aged about 42, sent for me during the night to relieve a "stoppage of water." Upon examination I found the fundus vesicæ midway between the symphysis pubis and umbilicus. Upon interrogation I elicited a history of repeated gonorrhœas many years previously. Of late he experienced difficulty in micturition, which culminated in complete retention. I at first made a gentle effort with filiform and other bougies, but to no purpose. The proper surgical action would have been *vesical* puncture above the pubis or through the trigonum vesicæ. I had no trocar at hand, nor could an instrument be procured from my office without considerable delay. I determined to evacuate the bladder. Calling my Sims' sound into action, I succeeded in finding a passage, but with some *loss of blood*. I immediately introduced a No. 1 gum-elastic catheter, and evacuated the bladder, allowing the instrument to remain *in situ* for sixteen hours; when I returned I instructed the patient how to use them. Successive numbers have been introduced and retained in a similar manner. At this writing, No. 17 (American scale) can be passed with facility.

In the two cases operated upon by myself, one occasioned violent urethral chill and fever; the other suppression of urine.

It seems to me, judging only by my results, that continuous dilatation offers a safe and thorough therapeutic measure, in narrowings beyond the triangular ligament. It certainly requires a great amount of patience both in the patient and physician, but in the end time may have been gained. Internal section is very rapid, but it may, and does become a source of anxious and lengthy after-treatment. Generally the patient is not the judge of proper treatment, and if he is allowed to choose between the slow and safe method and the rapid and dangerous one, he will always select the latter. Unfortunately, urethrotomists have so often tried to convince themselves of the harmlessness of their operation, that the patient is never forewarned of its injurious nature. In fact, whatever consequence may occur, they are referred to complications of a foreign nature, and not attributable to their *specific cause*.

In conclusion, I may say, that whosoever may have seen the stealthy little knife, cutting, no one knows where, and may have witnessed its evil results, will adhere to the old plan, save his patient and accomplish average results.

NOTE.—Since writing the above, I have had the opportunity of examining the opinion of Sir Henry Thompson, in "Holmes' System of Surgery," Vol. II. pp. 800–803. I may add to the merits of the case by quoting some of his remarks. On page 800, *i. e.*: "The indication for a cutting operation is not that the *stricture is of very small calibre, but that it is non-dilatable*." He has never seen any *alarming* conditions resulting from such section, and believes they are merely incidental occurrences which might happen at any other time. Neither does he *specially* guard against allowing the urine to come in contact with the cut surfaces. The great authority of Prof. Thompson forces us to admit the weight of such

convictions, but it does not accord with the experience of Dr. Ford\* and other surgeons of this city.

WEST ST. LOUIS, MO.

## Clinical Reports.

### CASE OF FIBRO-SARCOMA OF THE BREAST—CASE OF RECTAL STRICTURE—ORCHITIS GONORRHOEACA.

Surgical Clinic of Louis Bauer, M. D., M. R. C. S.,  
Professor of Surgery in the St. College of Physicians and Surgeons. Etc.

CASE I.—A married, but childless lady, aged 29 years, presented a massive enlargement of the left mamma, obviously due to a neoplasm. It had first shown itself in her girlhood, and had taken more than a decade to reach its present size. Aside from its weight, magnitude and the disfigurement occasioned by its presence, it had not given rise to any inconvenience to the patient or made any marked impression on her general health.

The tumor seemed to involve the mammary gland and extended towards the axilla; at any rate, the morbid growth could not be separated or distinguished from the normal structure. Both were lobulated, of the same elasticity and apparent consistency, free from adhesions, and the cutis was not changed from its natural appearance.

All the facts in the case indicated that it was an *adenoma*. Amputation was suggested as the only remedy and readily accepted by the patient and her friends.

The operation was performed under chloroform anaesthesia, on November 30, 1881, Dr. J. T. Larew, assisting. Eucalyptol was preferred as antiseptic and proved of great value during the operation and subsequent treatment.

The first incision, embracing the external semi-circumference of the mass, had scarcely penetrated the adipose tissue, when a capsulated tumor was exposed, over which the

\* St. Louis Med. and Surg. Journal, October, 1881.

perfectly healthy mammary gland was spread, thus completely concealing the outlines of the morbid growth. The operation was, therefore, limited to the enucleation of the tumor which occupied the entire posterior surface of the gland, with which it was closely connected.

The wound was commensurately large, and consequently closed only in part by first intention, the remainder suppurating slightly. In a fortnight from to-day (Dec. 6, 1881), the patient will probably be able to leave for her Southern home.

From the history of the case, we are inclined to a favorable prognosis. Moreover, the removal of the capsule assures us that no structure has been left behind to initiate a new growth.

Our diligent and accomplished friend, Dr. James, has since examined the specimen under the microscope, and has found that it consists, in part, of genuine fibrous tissue, and in part, of the alveolar variety of sarcoma, thus confirming our macroscopic diagnosis made as soon as the capsule was incised.

**CASE II.**—This lady patient suffers from a mechanical obstruction of the bowel, and has entered the hospital department of our institution in order to receive relief. The stricture is made up of cicatricial tissue; it is very unyielding, and almost closes the rectum. For many months she has had to rely on saline aperients to reduce the fecal matters to a fluid condition, which alone can pass. But even these remedies have partially failed, and the patient has, consequently, suffered from accumulation of feces, colic and tenesmus.

As the cause of the trouble, she assigns chronic diarrhoea, arising probably from follicular ulceration of the mucous membrane of the rectum. The diarrhoea has been arrested by appropriate treatment, the ulcerations have cicatrized and the stricture has been thus engendered. At any rate, there is at present no evidence that ulcera-

tions still exist above the obstruction. Were they still present, we should expect the discharges to contain mucus, pus and blood; but none of these are present.

Whilst we feel competent to *palliate* the trouble, to establish a moderately free passage through the rectum, we apprehend that the stricture will return, as is the rule after operations for the relief of fibrous contractions, unless the patient perseveres in the diligent use of the dilator with which she will be furnished.

Our plan is to incise the fibrous obstruction in every direction, then pass several fingers through the opening, and finally introduce the rectal dilator which we have devised for such cases. Rectal bougies are dangerous, and capable of perforating the wall of the gut and penetrating the abdominal cavity.

The operation was then performed in the manner indicated, a blunt-pointed tenotome being used, and in a few minutes the opening was enlarged to a diameter of one and one-half inches.

**CASE III.**—In all cases of orchitis of gonorrhoeal origin, there is an accumulation of plastic lymph in the *tunica vaginalis testis propria*, which is the principal cause of that intense pain which characterizes the acute disease.

Many years ago, Ricord suggested tapping this cavity, and practiced it with signal success. The same procedure has been introduced in our Clinic, and is used in preference to other measures. Relief is immediate, and the patient is permitted to return at once to his work. We use a narrow-bladed tenotome upon this case; the fluid is permitted to escape, and the patient goes on his way rejoicing immediately.

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SPECIAL attention is directed to the advantageous offers made by the manager of this journal, on pages xvi. and xvii. of the advertising department.

## Translations.

[Translated for the CLINICAL RECORD.]

**GASTRO-ENTEROTOMY.**—A patient was recently admitted to Billroth's Clinic, in Vienna, who was suffering from so extensive cancer of the pylorus that removal was out of the question. For the purpose of prolonging life, the horizontal portion of the duodenum was incised and the wound united to a similar opening into the anterior wall of the stomach.

The chyme thus reaches the duodenum direct without the aid of the pylorus. According to the latest information (*Centralblatt für Chirurgie*), the patient recovered from the operation and is now enjoying a new lease of life.

In a similar case of extensive carcinoma of the pylorus, Langenbuch performed laparotomy with a view to establish a fistulous opening into the duodenum through the abdominal wall, and to nourish the patient by this route. First, the intestine was sutured to the peritoneum, and after the lapse of a week the duodenum was incised. The already debilitated patient succumbed to inanition on the third day—that is to say, the eleventh day after the laparotomy.

Langenbuch favors the operation in two acts, viz.:

The agglutination of the organ to the parietal peritoneum preliminary to opening its cavity. According to this plan, the successful case of gastrostomy was performed by Dr Ferd. Herff, of San Antonio, Texas, and Langenbuch has lately operated twice in the same way with good results. The first was a child, two years of age, suffering from œsophageal stricture, caused by swallowing a corrosive liquid. The fatal case was that of a woman aged sixty years. The stenosis of the œsophagus in this case was of a cancerous nature, and she died from sheer innutrition whilst the wound was in a promising condition.

L. B.

**TRANSPLANTATION OF TENDONS.**—Nicoladoni, of Salzburg, reports an operation of this kind in paralytic talipes calcaneus; the triceps suris being completely paralyzed gave rise to this deformity. The tendons of the peroneal muscles were implanted upon the tendo Achilles and intimate union was secured. The locomotion of the patient a boy of sixteen years, was very materially improved as the result.

L. B.

**COMPOUND COMMINUTED FRACTURE OF PATELLA—RECOVERY WITH BONY UNION.**—Many years ago, the late Prof. Cooper, of San Francisco, advised a free incision down upon the patella in all cases of fracture of that bone, for the purpose of removing all extravasated blood, which he looked upon as a cause of fibrous union in such cases. The translator has for years, shared in and acted upon this suggestion, believing that the supply equal to the physical maintenance of structure is also sufficient for the formation of osseous callus. This principle applies equally to the acromion and olecranon processes and to the femur. The failure of bony union to occur must, therefore, have causes other than a deficient supply of reparative material.

A most instructive case has just been published by Dr. Fritsch, in No. 47 of the *Centralblatt für Chirurgie*, which tends to demonstrate the correctness of these views. A robust individual, aged 38 years, had received a kick from a horse upon the right knee-joint, while the knee was in a bent position, lacerating the soft parts and comminuting the patella. The author had enlarged the wound and removed old detritus, inserted drainage tubes and treated it à la Lister. The tubes were removed on the fourth and eight days, respectively. On the twenty-seventh, the dressing was finally removed, when the joint was found to have resumed its normal contours, was painless and moveable. The change in the form of the patella was noticeable, because of the

loss of substance it had suffered. At the end of the sixth week the patient could walk about freely without any support; he could ascend and descend stairs; bend the joint to an right angle and extend it with freedom. The union was complete and by bone. L. B.

## Correspondence.

### DR. BLISS AND THE GARFIELD CASE—THE GUTEAU TRIAL.

WASHINGTON, DEC. 11, 1881.

The trial of Guiteau, at one time, threatened to bring up all the disgraceful circumstances connected with the illness of the late President. It led to one piece of information becoming pretty well substantiated by current evidence, the peculiar ghoulish tendencies that were exhibited by some of the medical attendants to profit by speculation on the sufferings of President Garfield. Dr. Bliss, it would appear from evidence which has been seen by your correspondent, perjured himself when he stated that he had been called into the case by the President. A letter to Dr. Baxter from Dr. Boynton, countersigned by Mrs. Garfield, states distinctly that President Garfield at no time made a request to have Dr. Bliss retained, and that the President told Boynton in the presence of Mrs. Garfield that he had never made a request that Dr. Bliss be his physician, Dr. Baxter having been for a number of years his family physician, and that he (the President) was at a loss to understand how Dr. Bliss came to be in the case. The competition in Washingtonian medical and legal circles is very keen. There are numerous physicians and lawyers employed in the departments who are enabled to compete with the lawyers and physicians not in the employ of the government. The evil is a great one, and tends to demoralize both professions by causing underbidding. The

whole medical profession of the city is, to a great extent, a caudal appendage of the army and navy medical organization, although a few independent individuals like Dr. Walsh, of the *Retrospect*, have endeavored to shake off this incubus.

The evidence thus far given in the Guiteau case tends to show that Guiteau's father presented many intellectual peculiarities to those who knew him best; that two uncles and two cousins died insane; that Guiteau's sister and brother have also marked intellectual peculiarities, the former having in addition epileptic attacks. The half-sister of the prisoner has exophthalmic goitre. The prisoner has been recognized as insane by many intelligent people, and also by a very intelligent and well informed country practitioner, Dr. Rice, of Merton, Wisconsin, whose testimony in this particular contrasts very markedly with that of a well known dilettante society physician, who has written several obscene obstetrical articles, and who is chiefly remarkable for being a member of the life insurance ring of New York. The prisoner's head is markedly asymmetrical, and Dr. Rice informed your correspondent that he presented much the same mental peculiarities that he exhibited six years ago when it was proposed to send him to a lunatic asylum.

The expert evidence thus far given for the defense was based almost wholly on an absurd hypothetical case, and, of course, declared the prisoner insane; but one of the experts was cross-examined, and a very savage attack was made on his character. The testimony is relatively uninteresting. Dr. Spitzka, who refused to go into the prosecution, has been compelled to go for the defense, and on the occasion of his examination some lively testimony is to be expected. PHILALETHES.

READ carefully the Special Offers to Agents, on page xvi. of the advertising department. It will be seen that the offers are very liberal and well worthy of attention.

## Extracts and Abstracts.

IS GUTEAU INSANE?—A writer in the *New York Medical Record* says that Guiteau is unquestionably insane, because: 1st. Guiteau entertained the delusion that if he obtained a position in a foreign embassy, a wealthy woman would marry him and endow him with a million dollars, wherewith to maintain his social position. This idea either was a delusion without any basis whatever, or with so frail a basis as to warrant the formation of such a day-dream to no sound mind; at all events it was an insane conception. 2nd. The letter found in his pocket after the assassination, ordering General Sherman to take possession of the jail, aside from its general tenor, which would immediately arouse the suspicion of any experienced alienist, can be interpreted in only one of two ways—either as an attempt to sham insanity on the part of the writer, or as an isolated but distinct proof of actual insanity. 3rd. That Guiteau, when arraigned for trial, was checked in attempting to read a document, which, however, found its way into the columns of the *New York Herald*, and is an even more characteristically insane document than the letter to General Sherman. 4th. That as far as an almost unanimous testimony of lay witnesses and existing pictures of the assassin permit us to judge, Guiteau has the characteristic “insane manner” in a high degree, as well as a suspicious cranial configuration. 5th. That six months before the assassination, Guiteau applied, if I recollect rightly, for a pension, and the examining surgeon made this brief, but to-day weighty, marginal note to the application, now on file: Applicant is insane! 6th. That Guiteau used to have a placard in his room, reading, “Guiteau, Premier of England,” and on different occasions gave other evidences of entertaining the ambitious delusions of what the French term *megalomanie*, and which Marcé more happily designated as *folie systematisée*. To be brief, I would say that the just pride of American psychiatry, Isaac Ray, would to-day turn around in his grave if he had heard the latter-day members of the association, whose conservative policy he was the ablest defender of, declaring Guiteau sane in newspaper interviews held after the assassin's hereditary relations, his documents and

other details had become known. When Mr. Blaine, Senator Logan, nay, the deceased victim of the assassin, and an impartial physician had recognized the insanity of Guiteau, and some of those who are supposed to devote their lives to the care and study of the insane unhesitatingly pronounce him sane, the value of the “asylum experience” argument becomes finely illustrated.

The claim made in several journals that Guiteau is legally responsible, because “he knew what he was about,” now shows a fear of death, took measures to secure himself against mob violence, etc., sounds rather like the prevailing cant among a certain class of lawyers than the deliberate opinion of scientists. No competent alienist ever attached weight to the apparently, and, at times, actually, methodical actions of lunatics, except to consider those very lunatics more dangerous than their weaker minded comrades, and therefore believed it incumbent to sequester such lunatics, before all others, for the safety of society. There is not a scintilla of doubt in my mind, that if Guiteau, with his hereditary history, his insane manner, his insane documents and his insane actions were to be committed to any asylum in the land, he would be unhesitatingly admitted as a proper subject for sequestration.

\* \* \* \* \*

It will be a matter of regret if the Guiteau matter ever comes before a jury. The temper of the whole land, and justly so, was never before so much excited against an individual as against this assassin. Sane or insane, the narrow-minded official conducting this trial, whom Judge Hoar has already censured for his intemperate zeal, that has carried him on more than one occasion beyond the legal limits in this case, will find “experts” who will be only too willing to chime in with the public against what public prejudice stigmatizes as the “insanity dodge.” And while the death by the gallows of a lunatic, and particularly of one presenting the repulsive though morbid features of Guiteau, may be no material loss to the land or his family, yet it is to be feared that his conviction, which, if he is, as I strongly believe, clearly insane, would be nothing but a formal lynch process, will reflect great discredit on American medical jurisprudence.

# St. Louis Clinical Record.

EDITED BY

WM. B. HAZARD, M. D.

ST. LOUIS, MO., - - DECEMBER, 1881.

Office, No. 5 South High Street.

## Editorial.

### TO ADVERTISERS.

In order to place our views on the question of "trade-mark preparations" prominently before the profession, as well as to place a specimen of this publication in the hands of a majority of the practitioners of these United States, we have made arrangements for the issue of an extra edition of our January number. Advertisers will do well to make arrangements as early as possible for space in this edition. Address the editor as above.

### APOLOGETIC.

The vexatious delays in the issue of the RECORD will be, we trust, soon at an end. On February 16, we shall issue our January number, which, for the sake of expediting matters, will contain less than the usual number of pages. About February 25, we hope to issue our February number, which will contain not less than forty-eight pages. The March number, concluding the volume, will appear about March 15, with the same additional number of pages. We hope that our readers will accept this as a satisfactory explanation of what, no doubt, has been sometimes very annoying to them as well as to the editor.

### GUITEAU.

The manifold delays in the publication of this journal, have permitted the great legal farce at Washington to reach its predestined conclusion before the appearance of this number. We say "predestined," without any fear of contradiction, for it was evident from the temper of the American press that the jury *dared* bring in no other verdict than the one agreed upon before they left the court-room. The shameless conduct of the prosecution throughout, showed that the case was not being tried upon its merits, and that a conviction would be had no matter how strong the evidence might prove in favor of the prisoner's insanity.

In the midst of so much that was utterly disgraceful to both the legal and medical professions of our country, there was at least one event worthy of note, as showing that in the almost universal demoralization, one man proved loyal to the truth, to science and to humanity. Of course we refer to the testimony of our talented contributor, Dr. Edward C. Spitzka, of New York. Against an overwhelming majority of so-called experts, and in the face of a popular prejudice which was unreasoning in its fury, this witness dared to testify, without any reservation, that the accused was insane.

Dr. Spitzka had been approached, prior to the trial, both by the prosecution and by the defense; he had declined both offers, and was compelled to testify, finally, under attachment, and by the order of the court. Thus obliged to give his testimony, he did so fearlessly and clearly. We may also add that his was the only scientific testimony in the case, if we except that of another medical witness for the defense. The latter, however, harassed by a brutal cross-examination, made some indefensible assertions. There is not the slightest doubt he would not have made them had he been in a calm state of mind, and for these not the witness but the Court was responsible,

by its permitting such a reprehensible cross-examination.

Recognizing the danger accruing to them from a witness whom they had themselves vainly attempted to secure, the attorneys of the prosecution resorted to every trick that ingenuity could devise and unscrupulous chicanery invent, to ridicule and break down his testimony. But, in the language of the reporters, Dr. Spitzka was more than a match for the lawyers opposed to him, and left the stand, master of the situation. He also left some terms sticking to certain of his persecutors which, as one of the leading dailies predicts, will continue to stick to at least one of them to his dying day.

Smarting under their merited castigation, the counsel for the prosecution, as soon as Dr. Spitzka's back was definitely turned on Washington, made a series of cowardly attacks upon his reputation, endeavoring to create an impression that he was a "horse doctor." As some of our brothers in the profession appear to have been actually misled by these repeated assaults (particularly some living in the backwoods), into believing that at one time this witness may have been a practitioner among four-legged, instead of "two-legged asses," we quote the language of Judge Oox, who declared these assaults of the prosecution out of order, and said that Dr. Spitzka had never been a "horse doctor," but had testified that he had once "lectured on Comparative Anatomy." Those of our readers who have been so fortunate as to read Dr. Spitzka's lectures on the "Development of the Human Ovum, Embryo and Fœtus," his masterly papers on "Monomania, Epilepsy and Cranial Asymmetry," and his remarkable *critiques*, need no information from us as to his scientific acumen and high professional standing. For the benefit of our legion of new readers, however, we quote the following from a *Government* publication, "The Report on Progress of Anthropology," for the years 1879 and 1880, prepared by Prof. Otis T. Marson, of the Smithsonian Institution:

"The brain no less than the cranium continues to be the subject of absorbing interest. The comparative anatomy of the encephalon holds out the hope that here lies the path to the solution of the problem of man's ancestry and origin. On the other side, among these meandering labyrinths, are sought the secrets of the connection between material and spiritual existence."

In the bibliography appended to this summary, studies on the brain are accredited to Arnot, Bordier, Ducatte, Duval, Fowler and Spitzka.

Hence it appears that on the very spot where the mendacious Porter and the ruffianly Corkhill did their utmost to blacken and belittle this witness, his name was that of the only American recognized in the field of brain-anatomy!

We have looked carefully through the appended literature, but failed to find any reference to Allan McLane Hamilton, that distinguished specialist who diagnosticates insanity by the state of the skin; to Dr. Loring, who discovers its non-existence through the ophthalmoscope; to A. E. Macdonald, who denies the existence of hereditary insanity; to Dr. Walter Kempster, who swore there was no such thing as moral insanity, but who had to swear that he had published cases thereof in his annual reports; or to Dr. John P. Gray, who was detected in the act of presenting "bogus" statistics for the purpose of influencing a jury which would have convicted Guiteau just as confidently if these men had testified "on the other side." In fact, as before stated, the jury was in no way influenced by evidence, but convicted the prisoner because of the public feeling. This was, no doubt, to have been expected under the peculiar circumstances of this most extraordinary case.

It is remarkable, after the first burst of enthusiasm manifested by the profession on behalf of Dr. Spitzka, because of the able way in which he vindicated his profession against mob opinion and the insolence of the bar, that the attempts to misrepresent

his testimony and his professional position should meet with temporary success with an unthinking press, and, we regret to add, with an unthinking division of our own fraternity.

However, our esteemed contributor has the satisfaction of knowing that the future progress of science cannot shake the sure foundations upon which his position was grounded.

### EXPERT (?) APHORISMS.

That our strictures upon certain of the expert testimony in the Guiteau trial are not made without reason, is proven beyond peradventure by the following "gems of purest ray serene," gathered from the official report of the testimony, by a gentleman who has had access to that voluminous document:

The tracings of the latter's conformatore show the centers of ossification, according to Dr. Walter Kempster, of Oshkosh, page 1528 of Official Report.

"There is no such a thing, in fact, as hereditary insanity." Same witness, page 1534 of Report.

"There is no such thing as the absolute transmission of disease, and there is no such thing as disease of the mind." Page 1534.

"Eccentric people or persons possessing marked traits of character, or illy balanced," . . . "are not as liable to outbreaks of insanity as those who are more steady and staid in habits or character, for the reason that an eccentric person is not so easily affected by the jeers and taunts of his opponents, and not so easily affected by the ups and downs of life." Page 1535.

"Before a person can be insane there must be a change in the natural habits and characteristics of the individual, and if a person was born insane there could be no such change." Page 1535.

Insanity cannot exist without either delusion, illusion or hallucination. Page 1537.

"Delusions under which violent acts are committed by the insane are of slow growth." Page 1537.

"I do not believe in moral insanity. I think it is a convenient term, which has been introduced into certain books, and

generally applied to those persons who have committed an outrageous act of some kind, and for whose behavior there was no other excuse. These have been called cases of moral insanity. I have no faith whatever in moral insanity as represented by such writers." Page 1538.

Deviation of the tongue does not indicate anything; "there are very few people who can put their tongues out straight in a direct line." Page 1555.

The hereditary history of patients is of no importance. The data of heredity are inserted in the medical reports because the Wisconsin State Laws so demand, but not for any scientific reasons. Same witness, page 1568.

From the testimony of John P. Gray, M. D., of Utica, N. Y.:

Dementia is the sole form of insanity that can be diagnosticated physically. Page 1665.

There is no such thing in insanity as Kleptomania, Dipsomania and Pyromania. Page 1674.

Insanity can always be detected by the microscope after death. Page 1650.

We can imagine—very faintly, however—the mental condition of some of the English, French and German *savants* when they realize in consciousness the condition of American psychiatry as delineated in these "aphorisms," from some of our most notorious asylum ringsters!

We trust our own *soi disant* "psychopathic expert" will circulate his pamphlet on the castration of the insane—male and female—broadcast over Europe. It can only add to our already well-established reputation!

### Book Notices and Reviews.

THE SCIENCE AND ART OF MIDWIFERY. By William Thompson Lusk, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in the Bellevue Hospital Medical College, etc. 8vo., pp. 687, with numerous illustrations. Cloth, \$5. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1882. St. Louis: H. R. Hildreth Printing Co.

The announcement, a year ago, that Prof. Parvin had in preparation a new

treatise on midwifery, had the effect of stimulating a number of our physicians in that line of practice to forestall the Indianapolis professor in his efforts to furnish Americans with an American treatise on obstetrics. Oregon was first in the field, and Dr. Glisan has given us a really useful elementary treatise on the subject, as noticed in our last Number. Now comes Prof. Lusk with the influence of Bellevue and its army of alumni to support him, and the prestige of a decade of successful treating as his excuse for entering the arena with his portly volume, and it gives us pleasure to recognize the fact that he has succeeded in placing before the profession a work which is not only creditable to himself as a writer, but one that will reflect honor on the American profession.

Especial attention has been given to the results of the labors of the German obstetric writers, the author fully acknowledging our obligations to those patient, earnest and thorough scientific investigators. A pretty close examination of the book shows us that in these characteristics of the earnest worker, Prof. Lusk is no whit behind his German *confrères*. Every recent advance in the science and in the art of midwifery is faithfully recorded.

The illustrations, of which a large number is given, are of especial excellence, and the work as a whole is a beautiful specimen of the book-makers' art. The author's style is lucid and attractive, and a close reading shows him to be a clear and judicious thinker and reasoner.

**ECZEMA AND ITS MANAGEMENT.** A Practical Treatise Based on the Study of Two Thousand, Five Hundred Cases of the Disease. By L. Duncan Bulkley, A. M., M. D., Attending Physician for Skin and Venereal Diseases at the New York Hospital, Out-Patient Department; Editor of the "Archives of Dermatology," etc., 8vo., pp. 344, Cloth, \$3.00. New York: G. P. Putnam's Sons, 27 and 29 West 23d Street. London: J. & A. Churchill, 1881. St. Louis: H. R. Hildreth Printing Co.

The basis of this most remarkable treatise is an essay on the Management of Eczema, read before the American Medical Association in 1874. Those who have studied that instructive paper will be glad to have the author's views presented in full and confirmed by his vast experience with this troublesome affection. Those practitioners who have been unacquainted with Dr. Bulkley's writings will find this modest volume not only a model of literary elegance but a guide which he can trust in the most perplexing situations of Dermatological practice. As the author states in his first sentence:

"Eczema has been rightly called the keystone of Dermatology, and he who masters its management is not only skilled in regard to treating the most common and distressing of all cutaneous diseases, but has acquired a knowledge of the principles of dermatological practice which will assist in the treatment of very many, if not all, other maladies of the skin."

The author lays special stress upon the constitutional origin and relations of eczema thus opposing the too exclusive notions of the Vienna school of dermatology. Dr. Bulkley's vast personal experience enables him to be strictly impartial in this regard, and to assign due importance to both the constitutional and local causes and relations of this affection.

It is agreeable to find a work, written by an eminent specialist for the general practitioner which contains no hint to send every troublesome case to "Mr. Ologist" direct as the only possible mode of relief; a work which, in good faith, teaches the physician of average intelligence how to bring such cases to a successful issue.

The indolent reader of compends, manuals and the like, will find this little to their liking. The earnest student and conscientious practitioner will find in it the information they require and a satisfaction in its perusal to be derived from no work on the subject published in the language.

Any physician who sees one case of

eczema per annum can afford to buy and study this valuable book. It is a model of what a medical monograph should be, uniting the thoroughness of the German investigator with the practical acumen of the American practitioner. The talented editor of the *Archives of Dermatology* must be ranked with the best of our medical authors.

The publishers sustain their well-earned reputation for elegant book-making by presenting the book in unexceptionable style.

**A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD.** By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, etc. Fifth edition, thoroughly revised. 8vo., pp. 836, with illustrations. Cloth, \$4.50; leather, \$5.50; half-Russia, \$6. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Printing Co.

New editions of this excellent work are called for so often that there are but few changes to note in each as it appears. This fifth edition has been brought up to date, and carefully revised where revision was necessary. The result has been an increase in the amount of reading matter equivalent to a large number of pages, but the use of smaller type keeps the volume at its former convenient size.

In our judgment, this edition of Dr. Smith's deservedly popular treatise is, *par excellence*, the best work on the pathology of childhood yet published. The handsome half-Russia binding in which it is dressed reflects credit on the taste of the publishers and is well suited to a work of such standard value as the one under consideration.

**THE THERAPEUTICS OF GYNECOLOGY AND OBSTETRICS.** Comprising the Medicinal, Dietetic and Hygienic Treatment of Diseases of Women. Second edition, thoroughly revised and greatly enlarged. Edited by William B. Atkinson, A. M., M. D., Lecturer on Diseases of Children at the Jefferson Medical College, etc. 8vo., pp. 571. Cloth, \$4. Philadelphia: D. G. Brinton, 115 South Seventh. 1881. St. Louis: H. R. Hildreth Printing Co.

This second edition has been thoroughly revised, and nearly two hundred pages of new matter have been added. One hundred and nineteen new names appear in the index of authorities and new sections have been added on Balneo-therapy in Diseases of Women, Antiseptics in Labor, Disorders of the eyes in Pregnancy, Placenta-Prævia, Coccygodynia, Fœtid Menstruation, Etc. Of course, these additions add much to the value of the work.

Like the other books of this series, this one, sired by the "great and good" Permanent Secretary and Grand Sachem of the American Medical Association is an *omnium gatherum*, a scrap book of special literature, in which all sorts and degrees of medical authors are brought down to the same dead level. It is the apotheosis of mediocrity. To illustrate: Vomiting and Nausea of Pregnancy, page 325-336; the authors quoted are Dr. Eugenio Barbiglia, of Naples; Dr. J. Marion Sims, Dr. John S. Warren, of New York; Prof. G. Tarnier, of Paris; Dr. Wm. Lieshman, of London; Dr. Albert Eulenberg, of Berlin; Dr. W. Stump Forwood, of Darlington, Md.; Dr. Henry F. Campbell, of Augusta, Ga.; Dr. Tilt, Dr. M. Tedinap, of France; Dr. Wm. Boys, of Waverly, Iowa; and a number of others equally celebrated. Of course, a number of the gentlemen quoted are recognized as authorities wherever medical literature is known, but, so far as the student is concerned, their teachings will have no more weight than the lucubrations of the most obscure contributor to the medical corner of the county newspaper. No discrimination is shown of the selection of material. This is precisely what might be expected from a compiler who possesses no special knowledge of his subject. Dr. Atkinson may, in fact does, show considerable ability in engineering a medico-political convention, like the American Medical Association, so as to secure an annual salary for himself and the choice of the offices for his friends, but he is no more

competent to write or even to compile a good work on obstetrics or gynecology than to calculate the next advent of the comets of 1881.

It is possible that the reader will suspect that we are opposed to this kind of book; that we regard the purchase of such literature as a wicked waste of money; and that we have no patience with would-be authors who write them, or with the guileless innocents who buy them. In all candor, we must admit that such suspicions would be only too well founded.

**ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE.** A handbook for students and practitioners. By Henry Hartshorne, A. M., M. D., Lately Professor of Hygiene in the University of Pennsylvania, etc. Fifth edition, thoroughly revised and improved. 12mo., pp. 669, with 144 illustrations. Cloth, \$2.75. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Printing Co.

This valuable book opens with an introduction on the systems of medicine. It is a succinct and clear review of the history of medicine, and will remain as a masterpiece of learning and comprehensive brevity. If it does not set forth a detailed account of the subject, which cannot be expected, it will, at least inspire its readers with the noble desire to study more particularly the extended field of medico-historical science. After this interesting introduction the handbook is divided into two parts. The first contains four sections: 1st, General Pathology; 2d, Semeiology; 3d, General Therapeutics; 4th, Nosology. The second part which is by far the longest, treats on special pathology and practice.

We were already acquainted with the previous editors of this precious book, and almost satisfied with its contents; but we here declare that the fifth edition has fully realized our expectations. The suggestions submitted to the author, when well grounded have been taken into consideration and fully used.

"Several hundred additions have been made throughout the work; a number of new subjects have been written upon; an account is given also, for the first time, of the method of prescribing according to the metrical system, and a section is added upon eyesight, its examination and correction."

As for the formulæ which are to be found at the end of the work, we can say from clinical experience, that they have generally proved efficient. Therefore, we do here, with pleasure and spontaneously, recommend this handbook to students and practitioner.

F. F.

**WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS, 1881:**

I. **A TREATISE ON ALBUMINURIA.** By W. Howship Dickinson, M. D., Cantab., F. R. C. P., Physician to St. George's Hospital, Etc. Second edition, 8vo, pp. 300.

II. **A TREATISE ON THE MATERIA MEDICA AND THERAPEUTICS OF THE SKIN.** By Henry Piffard, A. M., M. D., Professor of Dermatology, Medical Department of the University of the City of New York, Etc. 8vo, pp. 351.

III. **A TREATISE ON DISEASES OF THE JOINTS.** By Richard Barwell, F. R. C. S., Senior Surgeon and Lecturer on Surgery, Charing Cross Hospital. Second edition; revised and much enlarged; 8vo, pp. 462, with numerous illustrations.

IV. **A TREATISE ON THE CONTINUED FEVERS.** By James C. Wilson, M. D., Lecturer on Physical Diagnosis, at the Jefferson Medical College. With an introduction by J. M. Da Costa, M. D., Professor of the Practice of Medicine and Clinical Medicine at the Jefferson Medical College, Etc. 8vo, pp. 365.

V. **A MEDICAL FORMULARY.** Based on the United States and British Pharmacopœias, together with numerous French, German and Unofficial Preparations. By Lawrence Johnson, A. M., M. D., Lecturer on Medical Botany, Medical Department of the University of the City of New York, Etc. 8vo, pp. 402.

**VI. CLINICAL LECTURES ON THE DISEASES OF OLD AGE.** By J. M. Charcot, M. D., Professor in the Faculty of Medicine of Paris, Etc. Translated by Leigh H. Hunt, B. Sc., M. D., Laboratory Instructor in Physiology in the Medical Department of the University of the City of New York. With additional Lectures by Alfred L. Loomis, M. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York, Etc. 8vo, pp. 280.

**VII. COULSON ON THE DISEASES OF THE BLADDER AND PROSTATE GLAND.** Sixth edition. Revised by Walter J. Coulson, F. R. C. S., Surgeon to St. Peter's Hospital for Stone, Etc. 8vo, pp. 393.

**VIII. A TREATISE ON FOOD AND DIETETICS.** Physiologically and therapeutically considered. By F. W. Pavy, M. D., F. R. S., F. R. C. P., Physician to, and Lecturer on Physiology at, Guy's Hospital. Second edition; 8vo, pp. 402.

**IX. A HANDBOOK OF UTERINE THERAPEUTICS AND OF DISEASES OF WOMEN.** By Edward John Tilt, M. D., Past President of the Obstetrical Society of London, Etc. Fourth edition; pp. 328. Each volume handsomely bound in cloth; price per set of twelve volumes, \$15.00. Sold by subscription only. New York: Wm. Wood & Co., 27 Great Jones street. 1881.

In our last issue we gave a brief notice of the September volume of this excellent series; the August and December volumes have thus far failed to reach us. We regret that our space does not permit us to give an extended notice of each of them. We shall be compelled to indicate very concisely the scope of each work, and to express our high appreciation of the series as a whole. It would have been much more satisfactory to have noticed each number as it appeared; not only would our notices have been more deliberately written and, therefore, of more value to our readers, but also—very probable—more just to the authors and to the enterprising publishers. With these few preliminary remarks, we proceed to a hasty glance at the different volumes:

**I. "Dickinson on Albuminuria,"** the January volume was a most appropriate selection. It is the first of three volumes by this author on renal affections, and is acknowledged as a "standard" work the world over. Eleven well executed plates and thirty-one wood-cuts—"fair to middling"—illustrate the text which is a model in its way. Every physician in active practice ought to own and read—not only read, but study this most excellent volume. We hope the publishers will present the two remaining volumes of the work to the American profession in their next series.

**II. Dr. Piffard** presents us with a curious collection of everything that has ever been used in the treatment of dermatological affections. He seems strongly tinctured with the views of Ringer and Hardy and Murchison, in which the reviewer certainly agrees to a great extent. Although this volume contains much of great practical value, the author's tendency to theorize will prevent him from being a favorite with the great body of American physicians. We certainly mean him no discourtesy when we say that this book if presented on its own merits would never command any extensive sale.

**III. Barwell's "Treatise"** has been thoroughly revised for this series, and is now the most complete English work on Diseases of the Joints. It is so widely and favorably known that our readers would gain little from an extended criticism in these pages. The author still adheres to the idea of a strumous diathesis in spite of the blows it has received from Bauer and (his imitator) Sayre on this side of the Atlantic. This volume is a marvel of cheapness—nearly five hundred pages for \$1.25! The fourth chapter on Pyæmic Joint Disease and other Absorptive Diseases, is a model in its way, and presents the modern ideas on these subjects in a very lucid and satisfactory manner.

**IV. Prof. Da Costa's "Introduction"** consists of seven pages, very well written,

on the management of fevers. Dr. Wilson's work has been, generally speaking, very well performed. He treats of simple continued fevers, influenza, cerebro-spinal fever, enteric or typhoid, typhus and relapsing fevers, and dengue. If influenza and cerebro-spinal fever are to be included in this category, we see no good reason for excluding pneumonia, acute articular rheumatism and yellow fever therefrom. The book is a very fair compilation, and did not require Prof. Da Costa's introduction to float it.

V. The May volume is a good formulary, taking the place of the superannuated works of Ellis and Griffith. It will be found a useful addition to the library by practitioners not well grounded in *materia-medica*.

VI. Anything from the lips of Prof. Charcot is sure of a welcome from a myriad of readers. This is reason enough for the translation of these old lectures (1867), of this eminent author. Like all his works, these lectures leave an impression of lack of completeness and an irregular, discursive method of treating his subject which would be very ill borne if it came from a less talented source. But almost anything is pardonable in genius, so we are content to bear with the illustrious physician to the Salpêtrière, even when he is not at his best. Prof. Loomis has added several good chapters, which make the volume an excellent one.

VII. Coulson's book was an authoritative one for many years, on all subjects connected with urinary calculi. The last preceding edition was issued twenty-three years ago, consequently the editor's task has not been an easy one to include in this sixth edition whatever of value has been learned in the long term of years. The chapters on urinary analysis have been omitted, the matter being more satisfactorily treated of in special treatises, and new ones on the anatomy and physiology of the bladder and prostrate and on methods of examining these organs have been put in its place.

A chapter on Dr. Bigelow's operation (Litholopaxy) makes the book *complete*. It is especially gratifying to find due credit given an American for a manifest improvement in surgery—something not always found in the works of English surgical writers. All in all, this volume we consider one of the best of the series.

VIII. When Dr. Pavy's first edition was published, in 1874, it was the only comprehensive work on Foods to be found in our language. A large edition was exhausted within a year, and this volume of "Wood's Library," is a reprint of the second edition of (1875). Several works have appeared devoted to much the same class of subjects since that time, but none of them can take the place of this treatise. The "Hospital Dietaries," given at the end of the volume, might be consulted with profit by our health authorities. Any one conversant with the dietaries of our charitable institutions will at once recognize the superior quality of the food furnished the English pauper over that furnished our "American sovereigns," when they fall sick among strangers. Our people *pay* enough for the support of our hospitals and asylums to furnish the inmates with a diet of better quality and in profusion, but the fact remains that the paupers—lunatics and sane alike—are systematically swindled by the contractors and officers whose duty it is to accept or reject supplies furnished.

IX. Dr. Tilt's most excellent book has been thoroughly revised and enlarged, so that it is now more worthy than ever before of finding a place in the library of every practitioner. The following extract from the preface gives a fair exposition of the objects and scope of the work:

"Many questions of general interest are discussed in the introduction, so here I shall only remark that three therapeutical teachings are now striving for mastery over the medical mind. One trusts entirely to medicine and strongly deprecates the treating of diseases of women by surgical measures. Another puts little or no trust

in medicines, and represents the knife as the sure and safe mode of curing most diseases of women; while a third considers uterine orthopedy as the key-stone of uterine therapeutics. In all I have published during the last thirty years it has been my earnest desire to combat these exaggerations, by determining the proper scope and the relative value of drugs, of the knife and of pessaries in the treatment of disease, and the guiding principles of the present work may be summed up in the following propositions. Firstly, the paramount importance of female hygiene for the relief, cure and prevention of diseases of women; Secondly, the constitutional origin of many diseases of women, as well as the impossibility of curing them and of preventing relapses, unless the treatment comprehends such measures as are known to favorably modify constitutional taints. Thirdly, the possibility of curing most diseases of women without surgery, by the better application of old familiar remedies and sound hygiene. Fourthly, the utter impossibility of curing aggravated forms of the most common uterine affections, unless surgery be combined with medicine and hygiene."

These promises are faithfully carried out, making this one of the best of the series.

Taken as a whole, the "Library" of 1881 is better and still more worthy of professional support than those which preceded it. None of the volumes can be considered as superfluous, with the possible exception of the one on chemistry, which we have not had the opportunity of examining, while several of them, each by itself, are worth half the price of subscription to the entire series. They are well printed and handsomely bound. The paper is not of the finest quality, but certainly better than could have been expected when the price is taken into consideration. We have good reasons for believing that the sales of the year have been sufficiently large to encourage the publishers to continue the annual series so well begun and, so far, so faithfully carried out.

**ANTISEPTIC SURGERY.** The Principles, Modes of Application, and Results of

The Lister Dressing. By Dr. Just Lucas-Championnière, Surgeon to the Hôpital Tenon, Member of the Société de Chirurgie, etc. Translated from the second and complete revised edition, with the special sanction of the author, and edited by Frederic Henry Gerrish, A.M., M.D., Surgeon to the Maine General Hospital, etc. 8vo., pp., 239. Cloth, \$3.50. Portland: Loring, Short & Harmon. 1881. From the Translator.

On former occasions, we have had the pleasure of reviewing the two French editions of this admirable work. We then expressed the hope that some competent American surgeon would undertake the translation and present it to our professional brothers. We are glad to be able to say that Dr. Gerrish has accomplished the task in a most satisfactory manner. The translation is clear, and preserves the animation and enthusiasm of the eminent author to a surprising degree. We heartily congratulate the author on having his work presented in such an altogether unexceptionable form, and the profession of our country on having an almost perfect manual of Listerism furnished by one of ourselves.

Some may imagine that the antiseptic method received its death-blow at the recent International Medical Congress, but so far is this from being true, that we believe it is now on a broader and firmer basis than ever before. It is true that Lister's apparatus for applying it is susceptible of improvement, but the great underlying principles are undoubtedly correct, and whatever truth is discovered cannot but persist in spite of all opposition.

The translator has added but little, but that little is to the point and worthy of a place in this very handsome volume.

The publishers have been, until now, unknown to fame, but their work would do no discredit to a metropolitan house.

This is indisputably the very best manual on Listerism to be found in our language. We strongly commend it to our readers.

TRANSACTIONS of the Medical Association of the State of Missouri, at its Twenty-Fourth Annual Session, held at Mexico, Mo., May 17, 18 and 19, 1881; 8vo. pp. 194. St. Louis: J. H. Chambers & Co. Printers, 405 North Third Street, 1881. From the Secretary.

This volume is well printed, on good paper, and really presents a very creditable appearance. It opens with a "Report and Minutes of the Committee on Publication, 1881," which takes precedence of the "Minutes" of the Annual Meeting. We have examined this first-named document with some curiosity, and find that it is devoted to an account of a quarrel of this "high-joint" committee with the official stenographer; how this committee attempted to get the unfortunate stenographer to furnish the "minutes" he was supposed to have taken, and how they found themselves impotent to extract them from the official reporter, and how, finally, they were obliged to satisfy themselves and the few dozen members who compose the State Society with "minutes" taken by the representative of a medical journal, the editor of which the Society had attempted to humiliate ("snub" is the proper word, expressive if not elegant) on a former occasion. Four expensive, although not very instructive pages, are thus taken up.

Fifteen pages of "minutes" follow. They make nearly as cheerful reading as the pages of Webster's Unabridged or the Koran, of Mohamed.

The President's Address, by Dr. J. M. Allen, of Liberty, is full of good homely sense. It was on the "Need for Thorough Medical Training and Teaching, and the Importance of Local Medical Organizations." The editor of a Louisville monthly does not like Dr. Allen's address; possibly it is because of its plea for a higher and better medical education than the mouth-piece of the College Association wishes to see adopted in this country. Defective revision of the "proof" of this paper mars its otherwise excellent appearance.

Dr. F. J. Lutz, of St. Louis, read a most interesting report of a case of "Gastrostomy, for the Relief of Stricture of the Oesophagus." This case was of a malignant character. The operation was entirely successful, the patient surviving over seven months.

Dr. Willis P. King, of Sedalia, read a graphic paper on "Fever and the Cooling Bath." Dr. King makes a strong plea for a very useful therapeutic measure, too often neglected. Dr. Todd, of Kansas City, did not think so—he belongs, evidently, to the "old school." Le Sage referred to that sort of physicians in his somewhat celebrated work. Dr. Todd might consult it with considerable benefit.

Another Dr. Todd (C. A.), of St. Louis, tells how he sent a patient of his about among the members of his clique for consultation, and how it was found that Nasal Polypi had some connection with the patient's asthma. The patient was a "merchant and manufacturer," so Dr. Todd's generosity towards his colleagues was very laudable. Early removal of the polypi would have been too selfish a procedure, perhaps.

The seven remaining papers are of about the average value of such "pot-boilers."

**A TEXT-BOOK OF PHYSIOLOGY.** By M. Foster M. A., M. D., F. R. S., Prælector in Physiology and Fellow of Trinity College, Cambridge. Second American from the third and revised English edition, with extensive notes and additions. By Edward T. Reichert, M. D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. 12mo., pp. 987, with 259 illustrations. Cloth, \$3.25; leather, \$3.75. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Printing Co.

The third edition of Foster's text-book on physiology is before us. We have no hesitation in saying that every work in physiology should be kindly received if for no other reason than as a compliment to the author for the industry

research and thought displayed in the the investigation of any important branch of medicine. Especially has the student and practitioner cause for delight in this, the third American edition of this valuable work; for up to the present moment each edition has met the enlarged expectations and wants of the profession as has been so clearly evinced in the rapid sale of the two previous editions. Many changes have been made in the scope, matter and general appearance of the work; and especially is this true in the section of mind and nerve, the additions on experimental physiology and the number of beautiful illustrations introduced. We would, therefore, cheerfully commend the American edition as worthy of careful perusal and thought, and candidly consider it thoroughly adapted to the requirements and necessities of both student and practitioner. R. M. K.

**LIBRARY OF MEDICAL CLASSICS, No. 4.—INDIGESTION AND BILIOUSNESS.** By J. Milner Fothergill, M. D., M. R. C. S. London, Senior Assistant Physician to the London City Hospital for Diseases of the Chest, etc. 8vo, pp. 89. Paper, 35 cents. New York: Bermingham & Co., Publishers, 1260 and 1262 Broadway. 1881.

Last month the types made us call Bermingham's series "classes" instead of "classics"—an error almost too absurd to be corrected, inasmuch as it corrects itself.

The fourth number of the set will be found very attractive by all readers. Dr. Fothergill has been a prime favorite in this country, and the army of his readers will be glad to have his latest work offered them in such an inexpensive form. It is, indeed a marvel of cheapness.

At present, we have not the space at our disposal for any extended notice, but in our February number we shall endeavor to consider this book at greater length.

**THE PHYSICIAN'S VISITING LIST FOR 1882.** Thirty-first year of its publication. Morocco tucks, for 25 patients weekly, \$1.00; for 50 do, \$1.25. Philadelphia: Lind-

say and Blakiston. Sold by all Booksellers and Druggists.

This most excellent List has been in the hands of the profession so many years that nothing we could say in the way of commendation could add to its reputation. It will retain its place in the pockets of a majority of physicians in spite of the attractions of a crowd of imitators.

**THE PHYSICIAN'S MEMORANDUM BOOK.** Arranged by Joel A. Miner. Fifth Improved Edition, with Clinical Columns and Ledger Sheets. Ann Arbor, Mich.: Joel A. Miner, Publisher. Tucks, \$1.25. Order by mail.

Mr. Miner devotes considerable attention to the making of his memorandum book suitable to the use of homœopathic practitioners. It is probably suited to their wants. It is not so elegant a specimen of book-making as other similar books noticed in our columns.

#### LITERARY NOTES:—

We have received, from the publishers, Messrs. D. Lathrop & Co., of Boston, "Ester Reid," by Pansy; a highly entertaining story for girls, and "The Tempter Behind," a tale for older readers, by John Saunders. Both books are finely illustrated and elegantly bound in cloth. The prices are, respectively, \$1.25 and \$1.50. We cordially commend the publications of this house to our readers. The works named are added to the list given on advertising page xvii, and are given gratis to all subscribers to the CLINICAL RECORD who also order the serial publications issued by the same publisher.

*THE Wide Awake*, one of the best of the numerous monthly magazines for young people; subscription, \$2.50 per annum. With the CLINICAL RECORD and one of the premium books, \$4.00.

*THE Pansy*, a weekly, for young people, finely illustrated; subscription, 50 cents per annum. With the RECORD and one of the premium books, \$3. Cash in advance.

*THE North American Review* for Nov.

contains a "symposium" on "Presidential Inability," by Hon. Lyman Trumbull, of Illinois; Judge Thos. M. Cooley, Hon. Benjamin F. Butler and Prof. Theodore W. Dwight. These eminent writers discuss this important question in all its bearings. The Marquis of Blandford furnishes a very thoughtful paper on "England's Hereditary Republic." Senator Geo. F. Hoar discusses "The Appointing Power," advocating "Civil Service Reform." Over forty pages are taken up with an article by R. G. Ingersoll, on "The Christian Religion." This is doubtless the most important attack yet made by the champion of unbelief upon the established order of things, and will be widely read.

The continued publication of Ingersoll's attacks upon the Christian religion have induced Messrs D. Appleton & Co. to decline any longer to issue the *North American Review*. The editor, therefore, henceforth assumes the publication as well as the literary management of the journal.

The December number of the *Review* is also before us. It is in all respects a good number. Hon. John A. Kasson furnishes an important article on "The Monroe Doctrine in 1881." The eminent writer demonstrates the duty of our government to effectually assert its supremacy throughout the Western Hemisphere. An intensely interesting discussion of the "Death Penalty" is conducted by Rev. Dr. Cheever, Judge Samuel Hand and Wendell Phillips. The last name fiery champion evidently has the better of his clerical and legal antagonists. Mr. Gladstone's Irish Policy is strenuously defended by Mr. H. O. Arnold-Forster, son of the chief secretary for Ireland.

But the feature which will attract most attention in the medical ranks is a series of reviews of the medical and surgical treatment of President Garfield's case. Three of the articles, by Drs. John Ashhurst, J. Marion Sims and John T. Hodgen, defend the treatment as eminently proper, while

Prof. Wm. A. Hammond shows very conclusively, to us, that there was the most disgraceful mismanagement throughout. Hon. David A. Wells, in the closing article, treats of Reform in Federal Taxation. Subscriptions to the *North American Review*, \$5.00 per annum. Address, 30 Lafayette Place, New York.

THE *Popular Science Monthly* for December contains a sketch of the eminent French savant, Paul Broca, with a good portrait; a very lucid and interesting paper on "Disease Germs," by the great English physiologist, Dr. W. B. Carpenter; both of which articles are of special interest to the medical profession. A curious paper on "Equality and Inequality of Sex," by a superficial French writer, G. Delaunay, will provoke the ire of the female suffragists. "A Half-Century of Science," by Sir John Lubbock, is concluded, and a large number of interesting and instructive papers combine to make this an exceptionally excellent number. Published by D. Appleton & Co., New York; subscription, \$5.00 a year.

THE *Detroit Clinic* is a new eight-page weekly medical journal, edited by Drs. H. O. Walker and O. W. Owen, assisted by Drs. T. A. McGraw, E. L. Shurley and N. W. Reynolds, and published by George S. Davis. The *Clinic* will contain nothing but original papers. It is published at \$1.00 a year. The first number shows much spirit and ability. We wish it all the success its accomplished editors can wish for. Address the publisher, Box 641, Detroit, Michigan.

THE *Journal of Nervous and Mental Disease* has changed hands. Prof. J. S. Jewell, of Chicago, who originated the *Journal* and who has conducted it with signal ability for eight years, retires from the editorial chair on account of failing health, an event we most sincerely regret. Dr. William G. Morton, of New York, has purchased all interests and will conduct it in the future. Drs. Wm. A. Hammond, Edward C. Seguin

and Meredith Clymer, of New York, J. S. Jewell and H. M. Bannister, of Chicago, and Isaac Ott, of Easton, Pennsylvania, are announced as associate editors. Messrs. G. P. Putnam's Sons, 27 and 29 West Twenty-third street, New York, are the publishers. Subscription, \$5 per annum.

#### BOOKS AND PAMPHLETS RECEIVED.

**CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.** Edited by Dr. H. Von. Ziemssen, Professor of Clinical Medicine, Munich, Bavaria. Vol. XX; general index; 8vo. pp. 499. New York: William Wood & Co., 27 Great Jones street., 1881.

**SUPPLEMENT TO ZIEMSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.** Edited by George L. Peabody, M. D., Instructor in Pathology and Practice of Medicine, College of Physicians and Surgeons, New York; Pathologist and Medical Register to the New York Hospital, 8vo. pp., 844. Cloth, \$6.00. New York: William Wood & Co., 27 Great Jones street, 1881.

**A MANUAL OF HISTOLOGY.** Edited and prepared by Thos. E. Satterthwaite, M. D., of New York; President of the New York Pathological Society; Pathologist to the St. Luke's and Presbyterian Hospitals, etc.; in association with Drs. Thomas Dwight, J. Collins Warren, Wm. F. Whitney and others. 8vo. pp. 478, with 198 illustrations. Cloth, \$4; New York, William Wood & Co., 1881.

**LECTURES ON THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES.** By E. Fletcher Ingals, A. M., M. D., Lecturer on Diseases of the Chest and Physical Diagnosis, and on Laryngology in the Post-Graduate Course, Rush Medical College, etc. 8vo. pp. 437, with 135 illustrations. Cloth, \$4; New York: William Wood & Co., 27 Great Jones street, 1881.

**INDIGESTION, BILIOUSNESS AND GOUT IN ITS PROTEAN ASPECTS. Part I. Indigestion and Biliousness.** By J. Milner Fothergill, M. D., M. R. C. P., London, Senior Asst. Physician to the City of London Hospital for Diseases of the Chest, etc. 12mo. pp. 320. New York: William Wood & Co., 27 Great Jones street, 1881.

**THE NURSE AND MOTHER.** A Manual for the guidance of monthly nurses and mothers; comprising instructions in regard to pregnancy and preparation for child-birth; with minute directions as to care during confinement and for the management and feeding of infants. By Walter Coles, M. D., Consulting Physician to St. Ann's Lying-In-Asylum, St. Louis, etc. 8vo. pp. 153. Cloth, \$ . St. Louis, Chicago and Atlanta: J. H. Chambers & Co.

**THE WILDERNESS CURE.** By Marc Cook, Author of "Camp Lou." 12mo. pp. 153. Cloth, \$1.50. New York: William Wood & Co., 1881.

**ANATOMICAL STUDIES UPON BRAINS OF CRIMINALS.** A Contribution to Anthropology, Medicine, Jurisprudence and Psychology. By Moritz Benedikt, Professor at Vienna. Translated from the German, by E. P. Fowler, M. D., New York. Department of Translation; New York Medico-Chirurgical Society. 8vo. pp. 185, illustrated. \$1.50. New York: William Wood & Co. 27 Great Jones street, 1881.

**THE PRESCRIBER'S MEMORANDA.** 18mo. pp. 301. Cloth, \$1. New York: William Wood & Co., 28 Great Jones street, 1881.

**A MANUAL OF OPHTHALMIC PRACTICE.** By Henry S. Schell, M. D., Surgeon to Willis Eye Hospital and Ophthalmic and Aural Surgeon to the Children's Hospital. 12mo. pp. 263, with 53 illustrations. Cloth, \$ . Philadelphia: D. G. Brinton, 115 South Seventh street, 1881. St. Louis: H. Hildreth Printing Co.

**THE PHYSICIAN'S CLINICAL RECORD** for hospitals or private practice, with memoranda for examining patients, temperature charts, etc. 16mo. Cloth, \$ . Philadelphia; D. G. Brinton, 115 South Seventh street, 1881. St. Louis: H. R. Hildreth Printing Co.

**THE OPIUM HABIT AND ALCOHOLISM.** A Treatise on Opium and its compounds; Alcohol, Chloral Hydrate, Chloroform; Bromide of Potassium and Cannabis Indica, including therapeutical indications; with suggestions for treating various painful complication. By Dr. Fred. Heman Hubbard. 12mo. pp. 259. Cloth, \$2.00. New York: A. S. Barnes & Co., 111 and 113 William street, 1881.

# ST. LOUIS CLINICAL RECORD.

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## Original Communications.

### INSANITY FROM SCARLATINA.

BY JAMES G. KIERNAN, M. D., CHICAGO, ILL.,  
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The relations between scarlatina and insanity have been recognized for a long time; still there are but few cases in which the etiological relation has been determined with certainty. Mendel,\* Kräpelin† and Rabuske‡ have all reported cases, the predominant characteristics of which were hallucinations accompanied by marked motor excitement. Many cases of dementia are reported by the first two authors as having resulted from a meningeal change secondary to the scarlet fever. Acute dementia has in a few cases made its appearance. This might, with more propriety, be called melancholia with stupor. Rabuske's case most resembles the majority of cases coming under my observation. In this case the disease began with the usual symptoms of scarlet fever, and on the third day of the disease the mental symptoms made their appearance. The patient had marked hallucinations of sight and hearing, of depressing type, relating chiefly to the military, a parade of whom had been seen by him just before falling ill. The fifth day of the disease the psychical disturbances had reached

their greatest height. The patient recovered on the tenth day of the disease under chloral hydrate, morphine and seclusion in a dark room. Just previous to the onset of the psychical disturbance, the temperature sank from 102.5° F., which it reached by the second day of the fever, to normal. There was no hereditary tendency in the case. The patient was twenty-one years of age and had hitherto enjoyed good health. The cases coming under my observation were all younger than this.

The psychical phenomena resulting from scarlet fever which have come under my observation might be ranged in three classes: First, those in which hallucinations and motor phenomena made their appearance, accompanied by depression of an agitated type. Second, those in which dementia resulted from the disease. Third, those in which a marked change in the patient's character occurred. Hereditary taint was very marked in the first class of cases. These cases are as follows:

CASE I.—D. P., æt. six; family history shows marked neuropathic taint; the paternal grandfather died of apoplexy; the father is liable to attacks of vertigo, in consequence of which he was forced to abandon his trade (mason), after having sustained serious injuries by falling from a ladder during an attack of this kind. His eldest daughter is an hysterico-epileptic, and has, at irregular intervals, a hard, brassy cough of hysterical origin, the lungs and larynx being healthy. She has had stigmata make their appearance from time to time, as a rule, during suppression of the menses.

\* Deutsche Medicinische Wochenschrift, Mch. 19, 1881.

† Archiv. f. Psychiatrie, XI, 1, 1881.

‡ Deutsche Medicinische Wochenschrift, Oct., 15, 1881.

All the children, nine in number, have suffered from convulsions during the first dentition, of which two of them died. One child died from a convulsive attack brought on by overheating. Just previous to the menstrual period three of the girls had somnambulistic attacks, which vanished on the appearance of the menstrual flow. The little girl first mentioned was attacked by scarlet fever, which went through its early stages in the usual way. About the fifth day after the appearance of the scarlatinal eruption, the temperature, which had risen to 104°, suddenly sank to 98°, and the child became extremely restless and violent. About two weeks prior to the attack of scarlet fever, while coming home from school, she had been much frightened by a Chinaman. She now complained that she saw this man's face at the window, and that his hands were stretched out to grasp her. This condition continued for two days, and then gave place to one in which the child was greatly agitated and very incoherent; she was at the same time much depressed. She remained in this condition a week and then fully recovered. The treatment used was purely symptomatic, consisting of conium to control the motor excitability, and cold packing.

While this child was ill her sister, nine years old, was taken sick with scarlet fever. About the seventh day of the disease the temperature, which had ranged between 102° and 106° fell to 98½°, and symptoms similar to those of the first case made their appearance, followed by marked hallucinations of hearing. She claimed to hear some one crying to her: "Help! help!" She had no other hallucinations. These persisted for a week and then disappeared to give place to the condition of depression, agitation and incoherence present latterly in the first case. The patient remained about ten days in this condition and then recovered. The treatment was much the same as in the former.

CASE II.—The next case occurred in

another family. J. H., aged eight years, belonged, like the cases last cited, to a neuropathic family. The maternal ancestors, for three generations, died of apoplexy. The father was very intemperate. The patient was one of twelve children, of whom three were still-born, one died a day after birth and five are still living. Of the latter, one sister is a hystero-epileptic, one brother is an epileptic and presented some other symptoms elsewhere described.\* J. H. was attacked by scarlet fever, which went through its usual stages till about the fourth day of the disease, when the temperature, which had reached 107°, suddenly fell to 98½°. The patient at the same time became markedly stupid and did not respond readily to any stimulus from the outside world. This condition persisted for about twenty-four hours; then the patient became agitated and restless; poked cotton in his ears and shut his eyes, complaining that he saw rats running all over the room and heard them squeaking. Five minim doses of cannabis indica tincture were given him every four hours. No effect was visible for about two days, after which he sunk into a profound sleep which lasted ten hours, on waking from which the patient was much exhausted, but had fully regained his normal mental condition. The patient ultimately fully recovered.

That these three cases were due to scarlatina, as an exciting cause, there can be, it seems to me, no doubt. From the case cited by Rabuske, it would appear that scarlatina of itself is a sufficient cause at times. The hallucinations were evidently what Laségue† has termed initial or casual, and had not the systematized and complex character of those found in the chronic psychoses. What the relation between the fall of the temperature and the onset of the psychosis was, seems difficult to ascertain. The influence of strong antecedent impressions

\* *Journal of Nervous and Mental Disease*, April, 1879, page 307.

† *Annales Médico-Psychologiques*, January and March, 1881.

was shown in the hallucination respecting the Chinaman, in the first case. The hallucination of hearing, in the second case, was, I think, due to the cries of the sister for aid against the Chinaman. The hallucinations in the third case were, I think, due to an accidental remark made by one of this boy's sisters, that there were rats in a closet down-stairs. The temperature in all these cases had risen higher than in Rabuske's case; no doubt the strong neuropathic played some part in determining this. The duration markedly different from that of the cases described by Mendel and Kräpelin.\*

Of the second group I have seen two cases. Both came under my observation when assistant physician to the New York City Asylum for Insane. The first case was a marked dement, with impaired memory, very much diminished perception and given to the performance of semi-automatic acts; for example, placing his hands together in the attitude of prayer would start him kneeling and crossing himself. This patient had been a bright intelligent boy up to the age of seventeen, when he was attacked by scarlet fever. From this sickness he was ill about two weeks. When the eruptions were desquamating there was a marked increase of the fever, followed by delirium. On recovering from the fever and delirium, the patient was found to be in the condition already described. For this he was treated a year at home and was then transferred.

A second case was that of a man aged thirty, whose only evidence of mentality was his always repeating "Sixty-six," and who could only be induced to feed himself after a spoon had been placed in his hand and lifted from the dish to his mouth several times. Like the former case, he had been perfectly sound mentally up to the age of eighteen, when he was attacked by scarlet-fever, followed by meningitis, on recovering from which he was found to be in the condition already described. It is

probable that in these and analogous cases there has been a meningeal process set up that becomes meningo-encephalitic in character, and these, and analogous cases, are the so-called dementes who are occasionally reported as becoming victims of progressive paresis.

The third group of cases are very frequent. They cannot be called insane, but is a marked change of character from what existed prior to the illness or the general boyishness of disposition existing prior to the attack remains permanently during life. These patients never reach asylums, but every general practitioner has seen many such cases. From the cases observed by Mendel, Kräpelin and Rabuske, it seems safe to conclude: First, that three groups of mental phenomena are produced by scarletina, independently of delirium, two or them being classable as insanity, while the third is not. Second, that the first is a species of melancholia agitata, attended by hallucinations and its inception is preceded by a decline to normal of the high-temperature previously existing. Third, that the second group consists of cases of dementia, due to meningitis of scarlatinal origin, the patient passing from the hyperpyrexia of scarlatina to that of meningitis, on recovery from which he is found to be demented. Fourth, the third group of patients show either marked change from the character antecedent to the attack of scarlatina or else retain in after life some of the juvenile characteristics of the period prior to the attack of scarlet fever.

73 MONROE ST., CHICAGO.

VOLUME IX. will begin with the number for April, 1882. All new subscribers who remit two dollars before April 5th, will receive the February and March numbers *gratis*. The February number will contain an important paper by Prof. Louis Bauer, M. D., on "Hip Joint Disease," and some new methods of treating that affection.

\* Op. cit.

## TRADE MARKS.

### *The Therapeutic Gazette and Physicians.*

BY HORATIO R. BIGELOW, M. D.

In a recent number of the New England *Medical Monthly*, I have reviewed so thoroughly the true animus of the Richmond resolution, and have dissected so carefully the cadaver of Dr. Swayze, as given in the *Therapeutic Gazette*, that I have but little to add thereunto.

Dr. Swayze has urged that physicians receive a *quid pro quo* for indorsing any Trade Mark preparation. It would be interesting to know how much he received for his gigantic efforts. It is also apparent that such a gratuitous insult to the noblest men in our profession will not redound to the advance of Parke, Davis & Co., for whose interest it is to secure the cordial indorsement of the profession. Neither will physicians tolerate such wholesale and uncalled-for insult to any member or members of their craft. The resolution and the firm originating and urging it, are so badly handicapped by bad management, that the ultimate issue can only be lamentable failure. The arguments advanced to support this wholesale abuse of Trade Marks, Physicians and Pharmacists, are weak, illogical and often times untrue. And in the face of this assumption of isolated virtue, P., D. & Co. are hurrying upon the market a myriad of new remedies, valueless, because no one knows anything about them, and ruinous to legitimate practice of medicine, because they arrogate to themselves a physiological and therapeutical knowledge which, as yet, is beyond the grasp of genuine medicine. P., D. & Co., through their diplomat, assert that Trade Mark preparations antagonize physicians' incomes, because the doses and uses are stamped upon the preparations. This is a somewhat amusing statement, when it is remembered that P., D. & Co.

deluge us with a lot of unknown concoctions, and similarly place doses, etc., on the labels. Are not they doing just what they condemn in others, and are they not doing more to ruin our *Materia Medica* than all Trade Marks and patent medicines put together? The merest tyro in medicine will see, that to pass any such resolution as was offered at Richmond, discriminating in favor of any one manufacturer to the detriment of all others, would be the greatest mistake and the most unprofessional piece of injustice that the Association could be guilty of. It would be a simple announcement that the American Medical Association was a mere addendum to Parke, Davis & Co., and that henceforth the name of "American Medical Association" would be changed to "The American Medical Association and Parke, Davis & Co., Limited." How the little Hottentots and Sandwich Island herb-men would scream with joy.

Any syllogism that would stand the test of inquiry and be ultimately valuable must be based upon incontrovertible premises. Now, is the real object claimed by P., D. & Co. one of principle, or one of self-advertising and self-advance? Is it absolutely and solely intended by them to elevate a benighted professional sentiment, or do they aim at a monopoly of the entire manufacturing pharmacy of this country? Are they trying to hoodwink physicians, or are they acting honestly? If they are aiming to create a nobler feeling in the American Medical Association, then we should resent any such endeavor from outside parties; but if they are striving merely for selfish purposes, they merit our severest condemnation. We have no right to discriminate in our patronage, in favor of one manufacturer as opposed to all others.

This resolution was born of a manufacturer, and suckled by a manufacturer, and we are called upon to pay for its pap and wet-nursing. There is no merit or force in it. It is a simple endeavor to influence physicians to withdraw their countenance

from every pharmacist but themselves (*i.e.*, P., D. & Co.). It can not in any sense be claimed for it that it is in the interest of legitimate medicine. It is Nihilistic, because it seeks to tear down valued landmarks; it is purely selfish, because it studies to create a monopoly and then force us to sustain it; it is insulting to physicians, because it presupposes that we cannot manage our own affairs. When P., D. & Co. authorize the assertion that physicians sell their indorsements to the manufacturers, they make a grave charge, and one which we all resent with asperity. Shall we sustain any house that casts such insinuations broadcast over the land? P., D. & Co. with their legion of New Remedies, which their special agents have gathered from all heathen shores, and of which, as they confess on their labels, nothing of their botany is known, which cost them a mere bagatelle to bring here, and which they sell at a preposterous profit, are doing more to ruin legitimate therapeutics than the patent medicine business itself, bad as it is. Soon the curtain will roll up for the last time, and on the stage naught will be left but two little Feejee Island medicine-men dancing around a bottle of New Remedies. *Ainsi soit il.*

WASHINGTON, D. C.

## Extracts and Abstracts.

**NITRO-GLYCERINE.**—Prof. Wm. A. Hammond, of New York, read an important paper before the October meeting of the New York Neurological Society, on "Some of the Therapeutical Uses of Nitro-Glycerine," of which we make the following abstract from the *Virginia Medical Monthly*:

Prof. Hammond has used this agent for the last two years, guided by the following facts: "If a drop of solution of nitro-glycerine in alcohol, in the proportion of one part in a hundred, be placed on the tip of the tongue, a sensation of fullness and pain in the head (mainly in the frontal region) is experienced in the course of three or four minutes. The fullness disap-

pears in a short time. A dose of three or four drops of the strength mentioned, produces headache of much greater severity, and of longer duration. The carotid and temporal arteries pulsate with increased force; the head feels as if it is about to burst open; the face becomes red; the action of the heart is augmented, and the respiration becomes more frequent. These symptoms are indicative of cardiac and vascular excitement, and of cerebral hyperæmia. We should, therefore, *a priori*, expect that nitro-glycerine would be useful in those cases in which it was desirable to stimulate the circulatory system, and to increase the amount of intracranial blood."

It is important to obtain a preparation of constant strength. The author uses that made by Boericke & Tafel, of New York, which is a ten per cent. solution. His formula is as follows:

℞ Nitro-Glycerine (one-tenth) - m. XL;  
Alcohol - - - - - f. 3vi.

M. F. solutio.

One drop of this contains the one-hundredth ( $\frac{1}{100}$ ) of a drop of nitro-glycerine; and he always begins the treatment with the dose of one drop thereof. Great care must be taken that the apothecary puts up the prescription in exact accordance with the directions.

In sick headache (migraine) of the anæmic variety—that in which compression of the carotid artery on the painful side *increases* the pain—if treated with this agent, the suffering is immediately mitigated; where compression *relieves* the pain, this remedy is worse than useless. In the anæmic variety, then, he gives one drop of this solution every fifteen minutes. He states that he has very rarely had to give the third dose.

But it is in epilepsy of the form known as *petit mal*, in which this preparation proves invaluable. One drop of the solution specified should be given three times a day, for a month; then the dose increased to two drops thrice daily, increasing one drop per dose with the beginning of each succeeding month. This is generally well tolerated, and Prof. Hammond has given as high as twelve drops per dose in certain cases; always beginning it with one drop and increasing it as above stated.

The effect of this treatment is first to diminish the frequency of the attacks of "epileptic vertigo," and generally to suppress them after a few months of treatment. Of course, the treatment should be kept up with regularity for a long time after the disappearance of the attacks. This treatment is of especial value, as the bromides exert but little influence over this form of epilepsy.

**SMALLPOX.**—At this time, especially, the following report from the St. Louis Smallpox Hospital may prove of interest. It is made by Drs. F. A. Kauffmann and Jos. Grindon, physicians in charge, and based upon several months experience:

The use of the antiseptic Listerine in our service at the Quarantine Smallpox Hospital, has been highly beneficial. Locally, we apply it in different solutions, under different conditions, generally 1 part Listerine, 1 part water. In the secondary stage of smallpox, a combination of half Listerine, half glycerine, forms an excellent dressing for the face and hands; it cools wonderfully, and almost entirely prevents the excessive and annoying itching and irritation.

In very malignant cases of variola, secondary abscesses frequently form; after having opened these, we put our patients in a bath, adding to it one bottle Listerine with, we admit, remarkable success. We also obtain excellent results with Listerine in decubitus sores, which so frequently occur with patients suffering long confinements to bed.

Its agreeable odor makes it peculiarly valuable as a disinfectant for the hands and person of the practitioner, and when sprayed throughout the sick-room, or around the bed clothing, affords additional relief to the patients.

Our experience justifies us in recommending this pharmaceutical preparation to the profession as the best and most pleasant antiseptic we employ, and we consider it far superior to carbolic acid, both in effects and odor, also possessing the great advantage of being non-poisonous and un-irritating.—(*Cincinnati Lancet and Clinic*).

**EUCALYPTOL.**—We are no longer able to supply the numbers of this Journal containing Prof. Bauer's remarkable lecture on this interesting substance; we have, therefore concluded to reprint it for the benefit of our new readers. As Eucalyptol is evidently an acquisition of value to our materia medica, the space thus devoted to it will not be regretted.

Eucalyptus oil has been known and used as a remedial agent in Europe for the last fifteen years. Its high price has interfered with its general use, and even now the same cause hinders its rapid introduction into practice. Like all powerful drugs, it has found its warm advocates and also its adversaries.

But since Eucalyptol has been recognized as a more reliable and agreeable, and at the same time less dangerous antiseptic than carbolic acid, and since Prof. Lister has emphatically indorsed and adopted it, the interest of the profession in all relating to it has been commensurately increased. My attention was first called to its therapeutic virtues by Prof. Mosler, of Germany, and I then resolved to enter upon a course of experimental investigations. Unfortunately, I have been unable to find leisure for the elaboration of the subject, and, therefore, I have had to

content myself with giving it a trial as opportunity offered. On the whole, I can but confirm the observations of Mosler and others, and must confess that I am most favorably impressed with the action of this drug.

Although I have failed to carry my original design into effect, I will do the next best by acquainting you with results of the latest investigations into the subject in foreign lands.

Dr. Hugo Schultz,\* of the University of Bonn, in Prussia, has just published a pamphlet on "Eucalyptus Oil." He has not only collected the literature on the subject, but has gone over the entire field with that thoroughness which is peculiar to the German mind. In addition, he has instituted numerous experiments to elucidate the action of this substance. By the aid of this literary auxiliary, I am enabled to render you cognizant of all which is thus far known about the subject.

The author devotes more time and space to the physico-chemical character of the oil than we have at our command on this occasion. We must refer those who wish to study the subject *ex fundemento* to the original work itself.

The impression prevails that the tree of *Eucalyptus globulus* gives protection against malaria. Prompted by this idea, the French government has commenced its cultivation in the south of France and in Algeria, and the Italian authorities have adopted similar measures to improve their swamp lands. Future observations will decide as to the hygienic virtues of this tree.

From a perusal of the literature of the subject, and taking merely the opinions of such writers as are favorably impressed with the therapeutic properties of Eucalyptus Oil, it would seem that it constitutes one of the most serviceable remedies in the physician's armory.

In the European markets, several qualities of the oil are offered for sale, all more or less impure. Some of them had to be prepared for use by re-distillation. Cloez subjects the crude article first to the action of caustic potash and a solution of calcium chloride, and subsequently to distillation. The result is a colorless, transparent, oily fluid, with an aromatic odor. Its specific gravity is 0.905; it boils at 170 to 175 degrees, F. The substance thus prepared he called "Eucalyptol," by which term it is now generally known in Europe.

I am not aware that any brand of the article has been imported into the United States other than that of Sander & Sons, of Sandhurst, Australia. The Eucalyptus is indigenous to that part of the world, and grows

\*Das Eucalyptusöl pharmalogisch und klinisch dargestellt. Bonn: Cohn & Sohn, 1881.

there in great profusion. The article furnished by this firm corresponds exactly in its chemico-physical properties to the Eucalyptol of Cloez, and it is this importation that I have employed in my clinical tests.

With the view of ascertaining the physiological effects of Eucalyptol, Gimbert, Seitz, Slegan, Schultz and others have taken ascending doses of the article; Schultz as much as ten grms (=two and a-half fluid drachms) at one time.

Eucalyptol never interfered with digestion, excepting acting as an appetizer.\* Only exceptionally it produced ephemeral nausea; soon after it was taken, a sensation of heat was experienced in the mouth, fauces, pharynx and in the stomach, followed by dryness. A constant effect was a certain, by no means disagreeable, lassitude and irresistible drowsiness. The sleep following was quiet and refreshing, and susceptible of interruption. For hours afterwards the breath was redolent with the peculiar aromatic odor of the drug, and the urine had the odor of violets. No albuminuria was to be detected.

The concentrated alcoholic tincture of Eucalyptus leaves was taken by Seitz in drachm doses. It increased the temperature of the body and eventually gave rise to slight perspiration. The head felt heavy and as if a band encircled it tightly. The secretion of mucus was augmented in the mouth and pharynx, followed by eructations and dryness. No derangement of digestion was noticed, nor was there any material increase in the secretion of urine.

The elimination of the oil is principally effected by the lungs and bowels; it may take several days before the Eucalyptol disappears from the breath or stools. The skin and kidneys are engaged only remotely in its removal from the body. Sometimes artificial heat must be applied before the violaceous odor becomes noticeable.

One case, however, is mentioned by Mees, in which albumen was discharged under the use of Eucalyptol in malaria. In this instance, albuminuria may have pre-existed; and this symptom may be attributed more rationally to the disease than to the therapeutic agent employed.

Some experiments have been instituted with reference to the *external effects* of the oil. They all show that the drug produces an irritating action upon the healthy epidermis. The raw oil causes a burning sensation, erythema and blisters; the Eucalyptol produces no burning, only a slight reddening of the skin, and miliary

eruption, which manifestations disappear very gradually.

Dr. Schultz noticed a consecutive effect for which he can offer no explanation, viz: Fourteen days after the termination of the cutaneous changes evoked by the oil, he observed upon himself a new erythema over the chest, which recurred every evening, gradually spreading along the course of the lymphatics (like erysipelas) towards the back and down the inner aspect of the thighs, where it became fixed and covered with acneform pustules. These singular phenomena died out by degrees in about four weeks.

*The temperature under the action of Eucalyptol.*—Gimbert and Slegan claim that animal heat is reduced by this agent. This has been proven experimentally—by Seigan upon himself. Between 1:45 and 6 o'clock P. M., he took one hundred drops of the oil. The physiological rise of six-tenths of a degree (C) not only did not occur, but there was a fall of two-tenths of a degree below the normal standard. The total reduction, therefore, amounted to eight-tenths of a degree. A second experiment exhibited a depression of six-tenths of a degree. According to Slegan, quinine falls short of Eucalyptol in this regard. These observations have been confirmed by Liebermeister\* and Jurgensen.† The former administered a dose of quinine of 24 grams (=37 grains), producing all the collateral symptoms usual to the action of this drug, but no reduction of the temperature after seven hours. The latter observed no change in the bodily heat after the administration of 7.2 grams (=111 grains) of quinine, given in solution within thirty-two hours. Wachmuth‡ makes a similar statement. The comparative experiments made by Schultz upon six rabbits, are entirely confirmatory of those referred to; while the temperature was kept below the normal in three which had received subcutaneous injections of half a gram (=7 or 8 drops) of Eucalyptol.

*Effects of Eucalyptol upon the organs, elements of the blood.*—On exposing the blood of the frog to the vapors of Eucalyptol, the following changes are observed to take place under the microscope: Increasing clearness of the nuclei of the red corpuscles, radial folding of the protoplasm from the nucleus towards the periphery; gradually the cell elongates when isolated, and assumes the shape of a rhombus; when grouped they appear as if converted into endothelium. A small drop of Eucalyptol placed upon the edge of the slide destroys the corpuscles but leaves the nuclei.

\*Eructations, however, followed, sometimes persisting for four hours.

\*Archiv. f. Klin. Med., 1876.

†Die Körperwärme, etc., Leipzig, 1878.

‡Archiv. d. Heilkunde, 1863.

Rabbit blood is darkened by Eucalyptol, and the corpuscles are rendered uneven (crenated) at the edges. The spectroscope reveals (1) a marked difference between the blood of cold and warm-blooded animals. The blood of frogs poisoned by Eucalyptol, exhibits the stripes of oxyhæmoglobin, while the blood of mammals, mixed with a trifling amount of the same substance, soon turns dark and coagulates.

Schlaeger states that the action of Eucalyptol obliterates all apparent differences between arterial and venous blood; according to this observer, arterial blood immediately loses its bright color when shaken up with Eucalyptus oil. (2). The effects of Eucalyptol upon the white corpuscles are more prominent. Both Mees and Binz have obtained the same results in this regard. The former immediately annihilated the contractility of these cells by the addition of one-tenth of one per cent. of Eucalyptol, and in fifteen minutes, by one-fifteen of one per cent. Artificial heat failed to revive them. In this particular, Eucalyptol produces the same effects upon the leucocytes as quinine.

Another very interesting experiment was made by Mees. He exposed the mesentery of a curarized frog to the vapor of Eucalyptol. The circulation remained normal. After twenty-four, and even forty-three hours, there was no inflammation, nor was there any collection of white blood corpuscles upon the walls of the vessels, nor any emigration of them; whereas all these pathological changes were observed in other frogs prepared in the same way except the exposure to the action of this agent. These observations have been fully verified by Binz. Consequently, Eucalyptol possesses most valuable virtues as an anti-phlogistic and as a powerful restraint upon suppuration.

*The action of Eucalyptol upon the spleen.*—The Analogy between the actions of Eucalyptol and quinine has induced Mosler to test its efficacy in reducing the volume of the spleen. His anticipations were fully realized. In his experiments he made use of the extract of the leaves by the mouth and subcutaneously. He selected dogs as subjects, opened the abdominal cavity and took accurate measurements. During these experiments, the spleens were measured every hour. In four of the tests the results were proportionate to the amount of the drug employed. That is to say, the size of the organ decreased in all its dimensions, its substance became denser and firmer, the surface assumed a slate color and more or less covered with granulations, some of them as large as lentils. Mosler has elicited the same changes by the use

of quinine in a similar manner. Other experiments have verified these observations.

*Action of Eucalyptol upon the heart, blood-vessels and respiration.*—Numerous experiments by Schlaeger clearly demonstrate that the actions of the heart and blood-pressure are diminished by Eucalyptol, not only in man and in the mammalia generally, but likewise in the amphibia. In a frog, for instance, the action of the heart was reduced by the subcutaneous injection of one centigram (1-6 of a grain), from 48 per minute, at 10:37 o'clock A. M., to 8 beats per minute at 4 P. M.; respiration having come to a stand-still while the heart was still contracting 28 times to the minute. Its action upon the heart and lungs explains the conversion of arterial into venous blood under its use.

*Action of Eucalyptol upon the nervous system.*—The general effects of this agent upon the nervous system are obviously depressing. It reacts upon the spinal cord when given in small quantities, and its action extends to the brain only when large doses are employed. Motor apathy and indisposition to mental efforts are the inseparable results of large doses in man. In animals, the effects are still more pronounced. Paralysis of motion supervenes, the vital functions grow weaker, and death ensues from sheer exhaustion. Gimbert affirms that the mere inhalation of Eucalyptol vapors produced paralysis in certain of the lower animals. Grisar and Schultz have furnished the most striking proofs of its paralyzing effects upon the reflex centers of the nervous system by their experiments with *brucine*, the alkaloid of the *St. Ignatius beau*. This substance causes tetanic spasms of all the voluntary muscles, which terminate only in death, when it is administered in comparatively small doses. But, if Eucalyptol has previously been injected, the *brucine* develops only slight manifestations, and the animals experimented upon recover their full motor powers. Introduced in this way, the two drugs antagonize each other. Since Eucalyptol is absorbed but slowly, it is probably not available as an antidote in *brucine* poisoning.

*Eucalyptol in Pyæmia and Septicæmia.*—In the present state of our knowledge, we have to assume that the presence of micro-organisms in the body is the essential cause of pathological increase of animal heat. In a way, not as yet fully understood, the micro-organisms prompt the body to peculiar reactive efforts. All the vital functions become excessive. Oxidation of tissues goes on rapidly, and the powers of life are rapidly consumed in the struggle to eliminate the noxious invaders.

The remedies administered for the purpose of

arresting the excessive and dangerous oxidation, are known as antiseptics. The action of Eucalyptol places it in the front rank of this class of therapeutic agents; not only on account of its action upon the general system, reducing the intensity of all those functions which are excited in the progress of pyæmia and septicæmia, but still more by reason of its specific destructive effects upon micro-organisms.

The correctness of this proposition has been verified by appropriate experiments. Slegan has furnished the first proof in this regard. He injected thirty grammes (nearly an ounce) of pus into the circulation of a rabbit, and Eucalyptol in the same manner at the same time. There was no rise of temperature; on the contrary, while a rise of one and three-tenths degrees (C.) was observed in another rabbit, into which the same quantity of the same pus, *without* Eucalyptol, had been injected. Similar results were obtained by the use of other morbid ferments, with and without Eucalyptol.

Mees and Schultz confirm the antifibrile action of Eucalyptol by their experiments with putrid materials. When Eucalyptol is brought into contact with organic substances, their normal organization remains unchanged, in spite of conditions favorable to decomposition being furnished. Muscular fibrillæ, after twenty days, exhibited their normal striations. Three hundred parts of blood with only one part of Eucalyptol added, remained unchanged for ten days; the same quantity without Eucalyptol was putrid and decomposed in the same time under otherwise the same conditions.

Mees experimented with cultivated bacteria, and concluded that Eucalyptol occupies the highest position among antiseptics.

Schultz compared the action of Eucalyptol and carbolic acid upon fibrine mixed with distilled water. On the eighteenth day, that mixed with Eucalyptol was preserved in its normal condition, while the presence of carbolic acid had not prevented putrescent decomposition. The same author has kept a mixture of fibrine in an emulsion of Eucalyptol in his room for a year without noticeable change. A great number of experiments have been instituted by various authors, which we omit, inasmuch as they all confirm the demonstrations cited of the superior antiseptic virtues of Eucalyptol over phenol, quinine and other antiferments.

**Therapeutic Availability of Eucalyptol.**—All antiseptics have their special fields of usefulness, beyond which their action fails to be serviceable. Clinical observations demonstrate the benefits of Eucalyptol in infectious fevers, and in wounds and ulcerations with decay of organic structure.

**Its action upon the white blood corpuscles, indicates its power to restrain suppuration.**

In the treatment of malarial fevers, Eucalyptol has already acquired a good reputation. While Prof. Rosenstein prefers quinine in all recent cases, he admits its value in chronic forms—particularly in those which are known as “dumb ague,” and which are complicated with enlarged spleen. Other authors state that Eucalyptol has been of service in cases which quinine and arsenic had failed to relieve.

Diphtheria has been successfully treated by Prof. Mosler, in which affection it acts both as an antiseptic and restrainer of suppuration.

French physicians speak well of Eucalyptol in various affections of the lungs, such as asthma, chronic catarrh, pulmonary gangrene, etc.; but we abstain from entering into further details, because of lack of space.

If we succeed in engaging the attention of the American profession to such a degree as to secure for Eucalyptol a fair test of its virtues at the bedside we shall be amply repaid for our humble labors. The remedy must stand on its own merits. We should never have devoted our time to its commendation had we not ourselves derived good service from its use, and had not men spoken in its praise whose labors for scientific advancement entitle their utterances to the highest consideration. We conclude our discourse with a few suggestions as to the form of its application and administration :

**Eucalyptus Oil** may be given in doses of from five to twenty drops, on sugar, or dissolved in alcohol, or in emulsion with gum arabic, syrup and water.

Externally it may be applied in substance with a camel's hair brush, or its vapor may be obtained by pouring it on a warm plate; in solution with alcohol; or in emulsion.

As an injection in gonorrhœa, Mr. W. W. Cheyne uses an emulsion made with one ounce each of Eucalyptol and gum arabic in thirty or forty ounces of water, the injection to be used four or five times daily (*vide* CLINICAL RECORD for September, 1880).

Mr. Jester uses Eucalyptol with Dammar gum in the preparation of his "antiseptic gauze," and a solution of the oil with alcohol and water, in place of the old carbolized solutions, in the latest form of his "antiseptic dressing." It has *never* induced any dangerous symptoms.

In bronchial and laryngeal affections, it may be used freely by inhalation, either alone or with the vapor of water.

In diphtheria and chronic pharyngeal catarrh, it may be used in the form of a spray, or applied directly to the fauces by means of a brush.

# St. Louis Clinical Record.

EDITED BY

WM. B. HAZARD, M. D.

ST. LOUIS, MO., - - JANUARY, 1882.

Office, No. 5 South High Street.

## Editorial.

### TO PHYSICIANS.

We mail a large number of copies of this issue to gentlemen who are not subscribers, hoping that a considerable number of those receiving it will become patrons. It should be noted that the journal ordinarily contains thirty-two pages, and that the February and March numbers will contain at least forty pages each.

### CHAMPIONS OF ETHICS.

Our readers know how the railway kings, Gould and Vanderbilt, are attempting to control the entire trade of our country; how the purchase of influential newspapers is one of the means employed by monopolists to secure their hold upon the business of the nation; and that the employment of paid advocates—both literary and legal—is an important part of this scheme to entrap and enslave a free people. It may not be known to the rank and file of the profession that the same tactics are being tried to subjugate the physicians of these United States to the business interests of one firm of capitalists. That we do not affirm anything which is not borne out by the facts, appears from the following:

The firm in question evidently thought its mission—its *raison d'être*—was to furnish the profession with “new preparations,” and the first we knew of its existence was the receipt of an advertising sheet with

this name. As if our *Materia Medica* was not already overburdened with an immense mass of useless trash, these gentlemen began the introduction of unheard-of weeds and barks, often on a single representation of some man hitherto unknown to science.

Finding that this multiplication of “new preparations” did not *pay*, we next find this firm engaged in imitation of “trade mark preparations,” apparently expecting to profit by the fame of preparations which had proved their value in actual practice, and which had become known to physicians through the business enterprise of their compounders. Thus we find, no longer ago than 1880, this firm advertising their “trade mark preparations,” “Chlor-Anodyne,” in imitation of “Chlorodyne;” “Lactated Pepsin,” in imitation of “Lactopeptine;” “Pink Pellets,” in imitation of Warner’s “Parvules;” and “Solution of Chloride of Bromine Compound,” in imitation of “Bromo-Chloralum.”

Finding that the profession declined to be entrapped into the use of imitations when the genuine could be had, this firm of excessively virtuous pharmacists resolved to “raise the banner of the Prophet,” and lead a crusade against the recognized excellent articles advertised to the profession and used so extensively under professional indorsement. The material for the new banner was found in a clause of the redoubtable Code of Ethics of the American Medical Association forbidding physicians to advertise in the secular press, and frowning down the use of secret formulæ, patent medicines, etc. The firm having one journal under its control, purchased another, and then proceeded to deluge the medical press of the country with extracts from their own organs. As they had secured desirable advertising space in almost every medical publication of the continent, there was no difficulty found in reaching every physician who subscribed to a single publication of this sort in the Nation.

The ground was now thought to be well

prepared, and a movement was organized which was thought certain to win. The meeting of the American Medical Association at Richmond was the objective point. Samples innumerable of "new preparations" and countless leaves of advertisements were showered upon the self-constituted representatives of the profession there assembled. General agents of the firm kept "open house," and dispensed hospitality with a lavishness which surprised the most hospitable citizens of that peerlessly hospitable city.

The great day at last arrived. Dr. F. E. Stewart, who had been for some time and still is in the employ of the firm referred to, prepared the "gag" which, it was fondly hoped, would silence the profession in the future, and, indirectly, bring money into the coffers of his masters. "The parturient mountain" labored to bring forth this "ridiculous mouse:"

"*Resolved*, That the spirit of the code of ethics forbids a physician from prescribing a remedy controlled by a patent, copyright or trade mark. This, however, shall except a patent upon a process of manufacture or machinery, provided said patent be not used to prevent legitimate competition; and shall also except the use of a trade mark used to designate a brand of manufacture, provided the article so marked be accompanied by working formulæ, duly sworn to; and also by a technical, scientific name under which any one can compete in manufacture of the same."

It was referred to the section on Practical Medicine, and will probably make another effort to see the light at the next meeting.

That the resolution copied above was, in truth, a sham and calculated to subserve the interests of certain manufacturers, and *not* those of the profession, is *naïvely* shown by a Chicago innocent, who argues against "trade mark preparations." Referring to the exception relative to *patented* processes of manufacture and patented machinery, he says:

"This exception seems to conform to all requirements, as we understand that Dr.

Squibb has patented some of his machinery, and it is considered justifiable."

If Dr. Squibb "patents" his brand of chloroform, or of fluid extract of ergot, or ether, or of laudanum, it is the correct thing, of course, but if Reed & Carnrick make "Maltine" a trade mark, or if The Trommer Company use their name in the same way, or if Warner & Co. monopolize the term "Parvules," or "Pancreopepsine," or Battle & Co. reserve to themselves the terms "Bromidia," and "Iodia," the world has all gone wrong; and if the profession, which has been swindled with false brands of "Eucalyptol," concludes to employ the only genuine preparation in the market and specifies "Sander's volatile extract of the leaves of Eucalyptus," then, in the opinion of these disappointed imitators, medicine has gone to the bad beyond redemption! If Dr. Squibb has a right to use patented machinery for the manufacture of certain preparations upon which his fame as a pharmacist and his fortune depend, we do not see the wrong in other manufacturers protecting their specialties by trade marks which guarantee the uniformity of the given preparation. The actual *qualities* of Dr. Squibb's or Messrs. Battle's, or Reed & Carnrick's, or Sander's, or Richardson's, or Lambert's, or Parke, Davis & Co.'s preparations have to be ascertained by experiment, and in no way depend upon the presence or absence of a trade mark.

But the history of this extraordinary attempt on the part of one firm of would-be monopolists to control the medical profession and shape its policy, is not yet given in its full proportions. After the failure of the crusade before the walls of Richmond, another campaign was begun. This included nothing less than an attempt to muzzle the entire medical press of the country. Nay more, an attempt to coerce ("Bull-doze" is the political slang for this kind of compulsion), all medical journals into a support of the resolution copied above. The publisher of every medical

journal is required to agree to the following clause in his contract with this firm of ethical champions:

"The right to cancel this contract, on your (the firm's) part, is conceded, in the event of your (the firm's) interest being affected unfavorably through the attitude of this journal."

This means, if it means anything, that the firm holding this precious contract is conceded the right to dictate the policy of every journal agreeing to it. Of course, all independence of discussion is relinquished by whosoever enters into any such an arrangement. We need not say that we have declined any such "entangling alliance." Our readers know us too well to suppose that we could submit to any such humiliating dictation.

It would be amusing, if it were not exasperating, to view these attempts of a firm of manufacturers, none of whom are physicians, to impose new restrictions and foist new rules of conduct upon the profession from which it derives its entire support.

We charitably suppose that Dr. F. E. Stewart and Dr. George B. H. Swayze are handsomely paid for playing the "highly respectable and truly æsthetical" rôle of cat's paw to the pharmaceutical simian of Detroit. We congratulate them upon the supposed thickness of the golden slipper, which prevents the heat of the fire from proving insupportable!

**EUCALYPTOL.**—The advantages of the use of trade-mark preparations to the medical profession are well shown in the case of eucalyptus oil. We have examined several preparations pretending to be the volatile oil of the leaves of the *Eucalyptus globulus*, among them one bearing the honorable name of Merk, of Darmstadt. It is difficult to represent our disappointment in finding *this* to be in no way distinguishable from the crude oil from the wood—a sort of turpentine—not at all corresponding to the descrip-

tion of Cloez. Several other cheap oils, bearing no responsible name, were also examined, with the same results. The "trade-mark preparations" of Messrs. Sander & Son, of Sandhurst, Australia, was the only one of half a dozen specimens which corresponded to this test.

**Moral.**—The "trade-mark," in this case at least, is a real guarantee against fraud, and is the only means the physician in ordinary practice has of assuring himself of the genuineness of the article he orders.

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## Book Notices and Reviews.

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**THE PHYSICIAN'S DAILY POCKET RECORD AND VISITING LIST.** By S. U. Butler, M. D. Sixteenth year. A new and revision for 1882, with Metric Posological Table, Etc. Philadelphia: D. G. Brinton, M. D., Publisher, 115 South Seventh Street. 1882.

This is a handsome and convenient visiting list; it is strongly bound in dark Morocco, with pocket for blanks, and is closed by a strong steel spring clasp. It presents some special features of excellence which make it a favorite with all who use it one season.

**THE PRESCRIBER'S MEMORANDA.** 16mo., pp. 301. Cloth, \$1.00. New York: Wm Wood & Co. 1881. St Louis: H. R. Hildreth Printing Company.

The author or compiler prefers to remain unknown for reasons best known to himself. Perhaps this excessive modesty is due to the fact that there is no special honor to be gained from furnishing such books to the ignorant masses. However, we can conscientiously say that it is just as good as any of its class, and a great deal better than many of them. It is gotten up in elegant style, while its small size fits it to the pocket. It contains a large number of very valuable suggestions, and, so far as we have seen, nothing erroneous.

# ST. LOUIS CLINICAL RECORD.

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## Original Lectures.

### BACTERIA—THEIR MORPHOLOGY AND PHYSIOLOGY.\*

BY A. L. CHAPMAN, A. M., M. D.

**MR. PRESIDENT:**—At the last meeting of this society, I promised that I would read you a paper upon this occasion on the relation of living organisms to human disease, and to determine if possible the nature of that relation—whether it was mechanical, chemical or vital, and whether the infecting organism was akin or whether it was foreign to the body in which diseased actions are set up. Contrary to the views which I have formerly expressed, the doctrine has of late gained ground, that the so-called disease germ is not only an organism foreign to the body which it infects, but the most foreign of all living things, belonging to the lowest of the order of the fungi. Furthermore, according to the light of the most recent investigations, it would appear that these lowly organisms, in their pathogenetic function, play the rôle of veritable parasites, abstracting from their organic union certain elements of the tissues for the purpose of their own nutrition, at the same time exciting in these tissues various decompositions and recombinations, just as in the act of fermentation the common yeast plant decomposes the sugar of the solution

in which it grows, giving place to carbonic acid, alcohol and water. So the various disease germs, according to their nutritive requirements are supposed to interfere with the integrity of the tissues, by consuming certain of their elements, and thus giving rise to decompositions and the new grouping of elements, and to septic and putrefactive changes. Although, sir, I have been assiduous and earnest in my endeavors to secure all the most recent facts bearing upon the alleged vegetable and parasitic nature of the disease germ to the end that I might give you, on this occasion, a consistent and intelligent paper upon the germ doctrine of disease, I must confess that I have failed to do so.

The proceedings of the late International Congress, although they were promulgated early in the month of February, are not yet, except in a fragmentary way, accessible to the American reader, and what, perhaps, is still more pertinent to the discussion of this question are some experiments made at that Congress by Pasteur, Burdon-Sanderson and Tyndall, which have not yet been seen by me. From these considerations I have been prevented, and at the same time deterred, from furnishing you the contemplated thesis, and must await the more full statement of facts upon the whole question.

In lieu of the contemplated discussion to-day, I have concluded to offer you here an impromptu sketch, although, from the limited time now allowed me, it must be a very summary one, if the form and functions of that class of organisms which,

\*Read before the Kansas City District Medical Society.

according to recent investigations only are entitled to the appellation of disease germs, and which are usually comprehended under the general term, *bacteria*; I shall have time here to give you the needed sketch.

Bacteria are the smallest, the most lowly, and at the same time the most simple of all living things. They stand upon the border line of the living and the lifeless, and beyond them life does not exist. Ocularly, they appear colored or colorless, the former giving the various hues of red, yellow, orange and blue, and often tinge the media in which they are found with these colors. Magnin describes the movements of the bacteria as either molecular, or the movement of the body upon itself, or movements of translation. "Under certain conditions," says Cohn, "they are excessively mobile, and when they swarm in a drop of water, they present a spectacle similar to a swarm of gnats, or an ant hill." "They advance swimming, and then retreat without turning about." "At one time they advance with the rapidity of an arrow, at another they turn upon themselves like a top, or they remain motionless for a long time in order, as quick as lightning, to be up and away, and yet all these movements are accompanied by a second movement analogous to a screw which moves in a nut."

Hoffmann was the first to discover and accurately describe their cellular structure, which is now, by common consent, made to consist of a cell membrane, cell contents and cilia. The cell membrane is extremely minute, and is not capable of being directly seen, its existence being only demonstrated by the action of chemical agents. The contents of the cell is a true protoplasm, being composed of carbon, hydrogen, nitrogen, oxygen, phosphorus, sulphur, etc. In their protoplasm are to be seen vacuoles, granular and coloring matter, some of these granules being formed of crystalized sulphur. The cilia are simply processes of their protoplasm.

Although it had been found as yet impossible to accurately classify and separate the bacteria into distinct families, genera and species, yet Cohn, in the year 1880, "recognising the numerous relations, absence of chlorophyll, mode of nutrition, etc., divided them into four tribes:"

1. Spherobacteria, or spherical bacteria.
2. Microbacteria, or B. in short rods.
3. Desmobacteria, or B. in straight filaments.
4. Spirobacteria, or B. in spiral filaments.

In 1881, one year after, Cohn was enabled to sub-divide these again into six genera:

1. Micrococcus, or ball-shaped bacteria.
2. Bacteria proper, or rod-like bacteria.
3. Bacillus, straight or fibre-like bacteria.
4. Vibrio, wavy, or curl-like bacteria.
5. Spirillum, or screw-like bacteria.
6. Spirochæte, or long, spiral bacteria.

These again he has divided into numerous species. Under the genus micrococcus for example, he divides the species into three physiological groups:

1. Micrococcus chromogones.
2. Micrococcus zymogones.
2. Micrococcus pathogones.

Under the last group, he describes certain spherical bacteria of great minuteness, and which are found in affections of a contagious nature, at

*Micrococcus vaccinæ.*

*Micrococcus diphtheriticus.*

*Micrococcus septicus,* and

*Micrococcus variolæ, scarlatinæ, of cholera, of typhus, of typhoid, of syphilis, etc.*

Although various distinct forms of the smallest of the micrococci have been uniformly found to accompany the different contagious diseases, it has not yet been discovered whether these organisms are to be considered as the cause, or only as the accompaniments, of these affections. Nevertheless, the investigation of this question cannot yet be considered as more than fairly begun, and, until it shall have been

completed, and all the facts faithfully delivered, it becomes the prudent inquirer to be silent. Still, it may be considered as now already established that the disease known as charbon in cattle, or chicken cholera in the common fowl, as malignant pustule in man, must be referred to a micro-organism as a veritable cause. The literature upon this whole subject has been so generally published in the medical journals of the country, and is presumably so well known to the medical reader, that I will not trouble you with its rehearsal here. But, touching the pathogeny of the so-called germ, to which I have here only incidentally alluded, it is but fair to say that the evidence from analogy points strongly in favor of the vegetable germ theory of disease, and not of contagious diseases only, but of the non-contagious as well.

By way of parenthesis, I may here also add, that M. A. Laveran has, within the last year, and with good show of reason, pointed to a parasitical germ of extreme minuteness as the probable cause of malarial fevers. He alleges that this germ passes rapidly through various stages of development within the organism, and that one of these stages corresponds to the paroxysmal fever period in malarial diseases. In some hundreds of experiments made by him upon the human subject, with extreme carefulness, he uniformly found the same definite organism in the blood of malarial patients, and, on the contrary, that these organisms were never to be found in the blood of persons suffering from diseases not of a malarious nature. It was found, also, that these organisms disappeared from the blood after treatment with quinine, and that the slightest quantity of a dilute solution of sulphate of quinia instantly killed them.

But, it is to the physiology rather than to the pathogeny of the bacteria that I must direct the few remaining lines which are here to follow; and having already given you such a bird's-eye sketch of their

form as this paper will allow, I will now present you with a brief outline, a sort of panoramic view, of their functions, their modes of nutrition, their reproduction their origin, distribution and uses upon the globe.

Of all things that live, the bacteria are the most widely spread. We meet with them everywhere—in the air, in the waters, upon the surface and under the surface of the earth, upon all living bodies, and in the organs of plants and animals, “but they are only found to develop into large masses when decomposition, corruption, fermentation or putrefaction is present.” “If we expose,” says Magnin, “a transparent liquid containing traces of organic substances, we find after a short time that it has become clouded, and the microscope shows that it contains myriads of these beings.”

Like all living things, every bacterium arises from a previously existing one, either by bi-partition or by spores, which are developed in their interior at a certain period of their existence. *San bakterion apo baktereon.*

Contrary to the statement made by Pasteur, these organisms cannot live in carbonic acid, and weak solutions of boracic and carbolic acids kill them. They adapt themselves to great extremes of temperature, different species having a greater tolerance for extremes than others. The temperature most generally favorable is about 100° Fah. Their spores, however, can withstand a temperature as high as 300° Fah., and below the freezing point, without losing the power of germinating.

When a favorable temperature and a sufficient quantity of nutritive materials are supplied, the tremendous masses to which these least of living things are capable of multiplying themselves would appear incredible and fabulous in the extreme, were the computations not given to us by so calculative and so prudent an observer as Dr. Ferdinand Cohn. He says: “We know

that bacteria divide themselves in the space of an hour into two parts, then again, after another hour, into four, after three hours, into eight, etc. After twenty-four hours the number exceeds sixteen and a-half millions, (16,777,220); at the end of two days this bacteria will have multiplied to the incredible number of 281,500,000,000; after three days the number will have increased to forty-eight trillions; and, after a week, the number can only be expressed by figures of fifty-one places." "In order to make this number comprehensible, we will reckon the mass and weight which may result from the multiplication of a single bacterium. A single individual of the most common species of rod bacteria—bacteria termo"—(the agent of putrefaction), "has the appearance of a short cylinder of a thousandth of a millimeter in diameter, and perhaps one five-hundredth of a millimeter in length." "Let us now think of a cube, the side measuring a millimetre, six hundred and thirty-three millions of rod bacteria will completely fill this cavity, without leaving any empty space. The fortieth part of a cubic millimetre would, perhaps, contain the bacteria that proceed from one single little rod in twenty-four hours; but at the end of the following day the bacteria would fill a space equal to 442,570 such cubes, or what is the same, perhaps, one-half of a litre, or forty-four and a-half cubic centimetres. Take the space occupied by the seas of this world, about two-thirds of the terrestrial surface, say with a mean depth of a mile, the collective contents of which would be nine hundred and twenty-nine millions of cubic miles; by continuing progression of multiplication, the bacteria, which sprung from one germ, would, in less than five days, fill the whole world's seas completely full; the number can only be expressed by figures of thirty-seven places." "Still more surprising are the proportional weights. If we call the specific weight of one bacterium equal to that of water, which cannot be far

from the truth, it appears from the above mentioned measure that a single little rod will weigh 0,000,000,001,571 milligrammes, or that six hundred and thirty six milliards of bacteria would weigh one gramme, or six hundred and thirty-six thousand milliards, a kilogramme; after twenty-four hours the weight of the bacteria amounts to about one-fourth of a milligramme; after forty-eight hours, nearly one pound (442 grammes); after three days it approximates a weight of nearly seven and one-half million killogrammes, or 148,356 hundred weight."

We do not consider such computations idle play; they alone can make the immense work executed by the bacteria comprehensible to us."

But, if we are made to marvel at the vastness of this invisible world of minute organisms, so universally disseminated throughout the world's great external media, that it may be truly said that they are omnipresent—nevertheless it may be truly said there yet remains for us in their life history a still more significant story. Being composed of the four great elements, carbon, oxygen, nitrogen and hydrogen, they require for their nutrition, like all the higher animals, food composed of their elements—they must have, in whatsoever media they exist, water, nitrogen, carbon and hydrogen, as well as certain mineral salts, which enter into the composition of all organized beings. Being devoid of chlorophyll, they absorb oxygen and give out carbonic acid, and being supported, like animals, upon organic compounds that have already been elaborated by the agency of other plants, the changes which they produce on the surrounding air are of the same kind as the respiration of animals. It is not necessary, as Pasteur has demonstrated, that the nitrogen required for their nutrition shall be in the form of an albumen, but that they can take possession of it in the form of ammonia, and that in addition to the sources common

in other organisms, they can take their carbon from the organic acids. But it is the role of oxygen in the life of the bacteria that make these organisms not only potent for good in the world, but for evil as well. Like animals, the inspiration of free oxygen gas is necessary to their life, but unlike animals, and unlike all other living things, they can abstract this gas when in a state of organic combination, and can absorb it thence in a free state. *And herein do all the phenomena of fermentation, putrefaction and decay find their solution and definite explication*, and whether we have one kind of fermentation or another, one kind of putrefaction or another, and according to the vegetable germ theory, one kind of infection or another, altogether depends upon the nature and the physiological necessities of the organism at work.

Some two years ago I made the statement in this society, that the whole doctrine of fermentation, of putrefaction, of decay, of the decomposition of defunct organic bodies, both vegetable and animal, had undergone a complete revolution, and that it had been shown by the most manifold experiments that a living organism, and nothing more than a living organism, was requisite to resolve or decompose the organic bodies built up by the life forces of the world, and that without the intervention of these lowest of all living things, the organic forms of one age would remain bound, as are the chemical combination of the rocks, and would persist without variability or shadow of change throughout all ages and the vicissitudes of time. Now we talk no more about the once familiar azotized ferment; about the molecular instability of animal and vegetable bodies when loosened from their vital hold; no more about spontaneous decompositions; for these theories and the doctrines which have been built upon them, have been swept away by the infallible tests of experimental science; and, instead of doc-

trines built upon theories, we now have doctrines built upon facts; instead of chemical we have vital forces for breaking the organic bonds by which the elements of animal and vegetable bodies are held, and, but for these, would be forever held in death.

But I have said these lowly microscopic fungi, in their ultimate chemical constitution in their physiological habitudes, in their nutritive necessities, are fundamentally the same as animals. They must have for their support organic compounds which have been elaborated by the vegetable world, and cannot live on the uncompounded elements of vegetable or animal matters. They must have water; they must inspire free oxygen gas, which combines with carbon in their interior to be respired again in the form of carbonic acid. In all these respects they are precisely like animals, and precisely unlike plants in this: *They can only take their food by decomposing animal and vegetable bodies.*

Now, it is in this decomposition of animal and vegetable bodies in which life has become extinct, that the bacteria are made to occupy a place so significant among living things, and by which they become potent for results at which we may well be amazed. By them it may be truly said that life—perhaps I should also say that disease—is made possible upon the globe. They furnish the materials out of which all other living things must be formed—they furnish carbonic acid, water and ammonia, and without each one of these no green plant could exist upon the earth, and, therefore, neither animals nor man.

Now, oxygen, carbon, nitrogen and hydrogen, in a free or uncombined state, are not taken, nor can they be used by the vital forces in the formation of vegetable or animal tissues. The material which is to form vegetable structure, and in the end animal structure, must be combined, and until it has been combined it cannot be

organized. To perform these two separate, distinct acts, two separate and distinct agents are required. The one of these is the bacterium, the other is the vegetable cell; the former combines the materials; the latter moulds them. They are given in the form of carbonic acid, water and ammonia by the first; they are moulded into the form of albumen, starch and sugar by the second.

Now these last three compounds, were it not for bacterian life, would remain permanent upon the earth, and would endure from age to age unchangeable at the granite rocks, and life and living forms would come to an end.

Nature, therefore, in the perfection of her economies, has endowed the bacteria with the wonderful capacity to break the organic bonds by which these bodies are so firmly held, and to regroup and remould the materials which have served the purposes of one life to serve again the purposes of another. The body in which life has been extinguished succumbs to dissolution in order that its materials may become serviceable to a new life.

*"Corruptio unius est generatio alterius."*

Thus has the material that was moulded into human beings at the "beginning," been going on and on from the living into the dead, and from the dead into the living in one eternal circle, and so must still continue to the end. The ammonia which exists in the soils of the earth, and in the seas; which comes to us in the rain-drop, in the clouds and in the air, and which once formed the plastic and sensitive matter of animal and vegetable cells, has absolutely no other source in nature than the organic remains of a life that is past, and no other purpose than to furnish the materials for a life that is to come.

Thus, upon the utmost border-line of living things, in an organism so minute as not to be seen, so silent as not to be heard, so vast as not to be numbered, has nature

given to us a guarantee—a promise that cannot be broken—that every fallen form shall rise again; that corruption shall put on incorruption; that life shall be no longer timid in the face of death according to the assurance of the hope of a resurrection from the dead. This, sir, is no mere fancy sketch. In all experimental science there are no facts more incontestible than these, and none more fitted to excite with wonder and astonishment the thoughtful and meditative mind. Think of infinitesimal, invisible ovoid particles of bacterian life, as numberless as the sands of the earth, moving forward upon the vast charnel-house of the world at the bidding of innate, irrefragable and supreme law; gathering around the tombs of the dead of all the earth; rolling away the stones from the doors of the sepulchres; breaking the seal of death, and, according to the instincts enkindled by nature's God, calling in a "still small voice" the dead to another life; and can there be afforded in all the phenomena of nature a spectacle of more thrilling and tremendous import, of more awful and sublime grandeur than this?

KANSAS CITY, MO.

## ARTICULAR LESIONS.

### *A Clinical Lecture.*

BY LOUIS BAUER, M. D., M. E. C. S. ENG.,  
Professor of Surgery in St. Louis College of Physicians  
and Surgeons.

GENTLEMEN:—These two patients have been presented to you repeatedly. A. was admitted about ten months ago, he had been ailing for some time. In order to compare previous and present condition, we have to draw on our case book for details.

"Age, 5 years; attenuated; anæmic; anxious expression of countenance; hectic flushes; no appetite; sleep disturbed by sudden and violent pain; apparent shortening of right limb; adducted and inverted;

flexed at both hip and knee joints; pelvis elevated; angle of inclination with horizon augmented; great trochanter does not pass Nelaton's line (drawn from *tuber ischii* to anterior superior spinous process of ilium), consequently in normal position; convexity of corresponding buttock; natal fold higher; spine flexed laterally when standing; straight in recumbency. Abscess in Scarpa's triangle, exceeding a goose egg in size, but not notably painful; no discoloration of surface, movements of hip joint painful and impeded by muscular contraction (adductors and tensor vaginæ femoris); no crepitus; no evidence of heredity; has been well and sprightly until recently; history of traumatism, although no special cause assignable."

**DIAGNOSIS.**—"Suppurative coxitis; joint capsule ruptured; consecutive abscess (third stage)."

**TREATMENT.**—"Divided contracted muscles; reduced position of extremity; applied gypsum bandage and veneer splints; ordered quinine and Trommer's Extract of Malt with iron; and patient to remain in recumbency."

The clinical notes taken every fortnight are very brief, as follows:

"Nocturnal pains completely subsided; rests perfectly; appetite and appearance greatly improved; treatment continued."

"As before; bandage chafes, applied another."

"Improvement continuous; no change in treatment."

"Removed bandage, substituted hip splint; ordered frame two inches under the shoe of the other extremity; allowed locomotion on crutches; suspended quinine; malt extract continued."

Later notes show changes "for the better; diminution of abscess; healthier appearance."

This reference to our case book is made on account of the absence of some of you when the cases were first presented.

To-day he is virtually convalescent; his exterior denotes good nutrition; sleep is restful, and his weight has notably increased; the position of the limb is now perfectly normal; the articular surfaces move freely and smoothly in every direction, and the abscess has disappeared.

The second case concerns the knee-joint and the tibia. Inasmuch, however, as its general management is guided by the same maxims, we thought it profitable for your instruction to place it along side the first. This little patient is about six months on our record.

"When admitted we noted general debility, impoverished constitution, lively fever, loss of appetite and sleep, obvious dejection. Large oval-shaped abscess over the tibial crest, close to knee; slight discoloration and great tenderness; knee joint, inclusive of subcrurean bursa, not tender; no integumentary swelling or discoloration; abscess preceded by intense pain, both subjective and on pressure; and constitutional perturbations."

**DIAGNOSIS.**—"Suppurative periostitis; consecutive hydrarthrosis; no heredity; cause unknown."

**TREATMENT.**—"Oncotomy; divided periosteum; aspiration of joint; two and a-half ounces serum withdrawn; immobilized joint with gypsum bandage and veneer; corporeal rest; quinine; extract of malt, ferrated (Trommer's)."

Next entry. "Pain greatly lessened, but still extant; improvement of rest and appetite."

Later notes state: "The aspiration of the joint repeated; fluid sero-purulent; general condition tolerably good."

During the last month there have been marked changes. The knee joint, which had been quiescent, has exhibited symptoms of active inflammation, filling rapidly with pus. There was no alternative but to open the articulation; wash it out with a mild solution of carbolic acid and insert a

drainage tube. These measures have relieved most of the symptoms arising from the suppuration of the joint. But the aperture over the crest of the tibia is still discharging a creamy, pure, so-called laudable (!!!) pus. The bone seems to be covered with healthy granulations. At any rate, we have failed to discover bare bone by the probe. A new symptom has lately set in, likely to modify our former diagnosis, viz. :

#### LOOSENING OF THE TIBIAL APOPHYSIS.—

By fixing the same, you notice that the continuity of the tibia is dissolved at the line of the apophyseal cartilage, and that at this place, lateral motility exists.

Primary periostitis does not commonly compromise the cartilaginous disc to such an extent as we find it in the present instance. But, in osteomyelitis the detachment is an ordinary satellite, scarcely ever absent in this disease, when occurring during childhood. The undeniable signs of periostitis in our case are obviously secondary as is common when the morbid process approximates the surface of the bone, and interferes with the cellular layers of its periosteal covering.

As to the consequential character of the articular affection, no doubt can be entertained.

In analyzing and comparing the two cases under consideration, we readily appreciate their different causation and pathology. The first case is very probably of traumatic origin, and on that account susceptible of being relieved by strictly mechanical treatment, whilst in the latter the implication of the joint was very gradual, *pari passu*, with the pre-existing bone disease. However beneficial the physiological rest enforced might have proven, it could not control the disease at the foundation.

Now, gentlemen, our clinic has been prolific in articular lesions. We have seen them in varied phases and complications.

Although we have commented upon them

when presented, a general survey and estimate cannot fail to prove beneficial to those of our audience who are on the eve of entering the profession on their own responsibility.

(Concluded in Our Next.)

## Original Communications.

### THE RELATION BETWEEN BRAIN DEFORMITY AND THE HEREDITARY AND CONGENITAL INSANITIES.

BY EDWARD C. SPITZKA, M. D.,

Late Physician to the Department for Nervous Diseases of the N. E. Dispensary; Consulting Neurologist to the DeQuincey Home; Pathologist of the N. Y. Medico-Legal Society; Member of the American Neurological Association, W. & S. Tuke Prize Essayist; Wm. A. Hammond Prize Essayist.  
Etc., etc., etc.

(CONCLUDED.)

It seems that of the earlier American psychologists a few recognized at least, in part, the profound bond of union connecting the systemized insanities, the *folie sans délire* of Pinel, the *manie* or *folie raissonnante* of other authors with imbecility, for in some now antiquated asylum reports and papers consigned to an unmerited oblivion by the factious, minority directing the counsels and promulgating the dicta of the asylum association, cases corresponding to these insanities\* are ranked as "imbecility of the first grade." The weakness of judgment displayed by these lunatics in such marked contrast with the ability possessed by them in other directions, is really equivalent to a partial imbecility. Now, as genuine, relatively complete imbecility is dependent upon a general deficiency in brain development, these systemized insanities and other insanities, involving only a part of the mental sphere, may be consistently referred to partial defects of development, in view of the teratological findings

\*Clinically described in my article on Monomania or "Erimaere Verruecktheit," St. Louis Clinical Record, December, 1880.

of Stark, Muhr, Verdelli, myself and others.\*

The fundamental factors of thought and action are two: perceptions and motor innervations; these are, in other words, the units of thought and action. They can be properly referred to nerve-cell groups, as their anatomical seat, and as far as intellect is in question, to the cell groups represented in the more or less diffused and dovetailing areas of specialized function† in the cortex cerebri. But the largest hemisphere known, with the most crowded and most highly developed nerve-cells, and the most extensive connections with the periphery, and the most perfect projection of that periphery in its intricately convoluted mass, would, functionally speaking, represent nothing but a mass of pigeon-holed impressions, stored away without method and without any purpose useful to the organism, were it not for an apparatus whose study is much neglected by anatomists as well as physiologists. I refer to those arched fibres uniting the different cortical centers with each other, and to which Meynert, Broadbent, Wundt and Stark alone have directed attention as the presumable media of the highest functions of the mind.

These fibres constitute by far the greater part of the white "centrum ovale" of the hemispheres. The total transverse section of the crus and the fibre masses from the thalamus and basilar ganglia does not comprise more than one-third of the entire mass. In the lower animals, this relation is different. The "projecting" fibres, such as those of the crus and capsule and the great ganglia, are in true not as massive as in man, but they are nearly equal to, and in still lower forms exceed, those connecting the gyri with each other. Hence, the chief point of contrast noted on examining a

transverse (frontal) section through the cerebral hemispheres of a man and an ape consists in the mass of the centrum ovale of Vieussens. The white substance in man actually appears hypertrophied when compared with that of lower animals. It is the associating fibres which mainly mediate that complex coördination of the separate units of thought and action, and which constitute the anatomical basis of the highest mental functions. The study of the human mind does not resolve itself merely into an analysis of individual faculties, such as simple perceptions and motor innervations, but, above all, requires the establishment of their synthesis into the complex abstractions on which the ego of metaphysicians depends.

Neither anatomical nor physiological researches are calculated to demonstrate just what associating fasciculi, or what groups of such fasciculi are subservient to any particular coördination. Where, for example, the cortical area for vision overlaps that of the center for arm and hand, we are permitted to infer that the associating fasciculus underlying the "debatable land," is subservient to the coördinations employed in writing and drawing. In like manner, a similar associating bond extending from the center of auditory word-symbols to that of the tongue and lip centers may be as justly considered the chief factor in mediating the speech coördinations. But, beyond such simple combinations we are not in a position to-day to make even tentative assertions.

To explain myself better, permit me to take a hypothetical case: "A child originally has no adequate notion of distance or perspective, it will in the first weeks of life grasp at objects fifty feet away, or as my teacher, Prof. Meynert, often expressed it, undertake to blow out the moon as readily as a candle. Its first idea of space is gathered from its own cutaneous sensations. It learns to distinguish between those impressions which are single, when

\*These are detailed in my essay on the "Somatic Etiology of Insanity," now being published as a supplement of the *American Journal of Neurology and Psychiatry*.

†The most correct outline of these is furnished in Exner's work; those not possessing the original will find a full abstract, with illustrations, in the *American Journal of Neurology*.

touching foreign objects and associated double ones, as when it touches a part of its own body. . In course of time\* it has learned thus to separate the idea of its own body from the confused chaos which all impressions originally constitute to the infant. It next learns the lesson that to reach certain objects it must crawl or walk a certain distance, while others are immediately within reach, and soon discovers that a discrimination is possible by the eye, inasmuch as intervening objects, which it has learned to measure by its own body or body movements as a gauge, permit an approximative judgment of distance, which experiment in the shape of *time impressions*, comes to its aid to go so far required such and such a period of time, to go so much further required so much a greater period. We see here already that the crude idea of space possessed at this stage must have involved cortical areas, devoted to motion and to general sensation, and situated in the Rolandic region, those devoted to visual impressions situated in the occipital region, and those devoted to time, which as I shall elsewhere point out, are probably to be located in the frontal lobes. Were we to go further and to analyze the more elaborate sense of space possessed by the adult, involving the play of the equilibrium, and the appreciation of movement and direction in foreign objects, we should find our attempt to trace out even the basis of the single conception of space a failure, owing to the fact that cortical areas situated in nearly every part of the hemispheres must be inferred to be subsidiary to it, and to be connected by fibre tracts of different lengths and courses.

If this is the case with a single and one of the simplest mental coördinations, what shall we anticipate of attempts to locate such vastly more complicated mental states as the disturbed sense of right and wrong,

of egotism, of delusion and of morbid projects, must we not, in accordance with what we do know of the functional role<sup>of</sup> associating fibres, and the findings in the case of certain hereditary and congenital cases of insanity, content ourselves with the assertion that it is the mal-connection of cortical centers which is at the root of the perversions exhibited in them? Is not the deficiency of the corpus callosum in some of them, but an expression of a general defect of associating tracts, and the convolutional aberration noted in others, but an expression of an imperfect development of the end stations and of such fibre systems?

The general belief associates all mental disturbances with perversion of the functions of the cerebral hemispheres. This it would be a truism to insist on as a correct one, but sufficient stress is not laid by modern writers on the fact that the converse, pathologically speaking, is not of universal applicability, namely, that only hemispheric lesions are essential accompaniments of the mental symptoms evinced during life. In an old observation, but it has not been sufficiently commented on, that lesions of the pons, the crura and thalami are accompanied by obliteration more or less complete of consciousness, blurring of the perceptions, confusion in the intellectual sphere, and this in cases where the lesion is not one of such a character as to disturb neighboring ganglia by pressure. Two explanations may be offered for this phenomenon. Either the vaso-motor center for the cortical vessels must be assumed to be under the partial control of isthmus ganglia, and hence, that isthmus lesions may by irritation or destruction of this center, excite or paralyze the vascular tubes of certain cortical districts, or it must be concluded that the pathological interruption of the great nerve tracts involves a functional disturbance of cortical end stations. The former explanation would seem rather applicable to cases in which general

\* In great part, this is accomplished, at least in active infants, during the last months of utero-gestation.

and widespread mental disturbance, somnolence, excitement or depression are found; the latter of those, where the disturbances are partial in character.

It is a well-known fact that if all the avenues of sensory perception are closed, unconsciousness in the way of sleep speedily follows. May not the interruption of the perception tracts be followed by corresponding phenomena of a less extensive nature, when occurring in the isthmus territory? That an irritative lesion in the line of the centripetal tracts can influence cortical life, is amply illustrated by cases of thalamus lesion with which hallucinations are sometimes present. Here the cause of the hallucination is in a lower center, but from all we can infer, the belief is justified that the entry of the hallucination into the intellectual sphere can only take place in the cortical termination of that tract, for only at this point, through the conducting associating tracts, can it become a part and parcel of the patient's *ego*. The study of the pathology of the great nerve tracts has been limited of late almost exclusively to the middle and posterior thirds of the internal capsule. It seems to have been forgotten that MEYNER traced an enormous division of the crus directly to the frontal lobe and the lenticular nucleus, and that this portion, through the transverse fibres of the pons was of necessity connected with the cerebellum, and that far other functions are to be located in the cortex, than merely muscular innervation and visual and auditory perceptions, to whose study modern localizationists are directing their attention so exclusively. The restiform columns derived from spinal fibres enter the cerebellum and terminate chiefly in its hemisphere; the cortex of these hemispheres is connected by radiatory fibres with the dentated nucleus, which is a recipient of fibres of the auditory nerve; in short, the cortex of the cerebellar hemisphere receives fibres both from the sensorial

periphery of the body and the semi-circular canals.

From this reception area, the transverse fibres of the pons originate, and enter the crus; it is these which, according to FLECHSIG's most recent researches enter the frontal lobe and lenticular nucleus. In no respect does man so much differ from the ape as in the quantitative development of these fasciculi. Their development is intimately associated with the mass of the frontal lobe, and there is every reason for considering them the channels of information of the equilibrium, and possibly of the senses of space and time, on which the scope of the mind is so closely dependent. It is not at all improbable that lesions in these tracts may disturb these sensations, and that the entire mental architecture may totter with the withdrawal or weakening of so important pillars. Probably the congenital asymmetry of the peduncular tracts observed in certain cases of mental perversion, may not be without a bearing in the explanation of the symptoms of those cases. And this explanation would be adjunct to the theory of mal-development of the associating tracts here advanced in explanation of other symptoms of these same states. The day will come when physiologists will not attempt any longer to determine the seat of higher functions in single centers by special experiments, but rather seek to correlate the results of different sets of experiments, and thus demonstrate what is really a logical truism, that complex cerebral functions have a complex substratum. Nothing could be more unphilosophical, for example, than to speak of "intellectual cells" (*Denkzellen*) in the cerebral cortex. Simple elements can have but simple functions, complex functions require a union of numerous simpler elements in a complex structural combination.

There are two possible objections to the theory here advocated, which it may not be improper to anticipate. It will be urged that many cases of monomania (*primaere*

Verruecktheit) are not hereditary or congenital, and that certain primordial deliria imitate the symptoms displayed by the hereditary and congenital lunatics, while anomalies of the cranial and cerebral configuration are not claimed for *these* by the author of the present communication.

But such furibund symptoms as epileptic explosions are admittedly connected with no demonstrable anatomical aberration, and yet when we do find epileptic explosions of a certain type associated with a cortical lesion, we do not hesitate to attribute the symptom to that lesion. So with the morbid projects, delusions and moral perversions of lunatics, they may be simply functional perversions of a properly built cerebral mechanism or the outcome of a visible structural defect. And when the latter is palpable, attributable to an error in development, and occurs with a certain constancy in similar cases, we are justified in assuming a fundamental relation between the defect and the general tenor of the symptoms, in view of the consistency of the theory with the fact of heredity, of incurability and our psychophysiological conceptions.

The second objection is based on the fact that if the mal-development of the white bundles uniting different gyri and of certain cortical fields is to be considered the foundation of certain symptoms, then pathological destruction of cortical centers and of their associating fibres ought to be followed by corresponding results, which we know, however, not to be the case. This objection is faulty in two respects. In the first place, a destructive lesion can produce only symptoms of subtraction, while the symptoms of insanity we are here considering are—however faulty—constructive and synthetic processes. In the second place, there is a great difference, clinically, between the effects of congenital and acquired lesions. I need but instance the case of porencephaly, the deformity recently described by Kundrat, and originally studied

by Heschl. Where the porencephalic defect dates from infantile or foetal life, imbecility is always present during life; but where it is developed in the matured brain, imbecility is not a necessary result. If we had no other grounds for declaring the objections referred to, to be faulty, those mentioned would suffice; but other facts, too numerous to detail in an article as limited in compass as the present one necessarily is, support the general conclusion that the hereditary and congenital insanities are due to defective harmony in brain development.

180 EAST 50TH STREET, NEW YORK.

## Clinical Reports.

OPHTHALMIC CLINIC, ST. LOUIS  
COLLEGE OF PHYSICIANS  
AND SURGEONS.

By A. D. WILLIAMS, M. D.,  
Professor of Ophthalmology and Otolaryngology.

SATURDAY, Feb. 11, 1882.

GENTLEMEN—I have two convergent strabismus operations to make before the class to-day. I had a third case engaged, but one little boy has not made his appearance.

In the course of the lectures I have fully described to you the nature of strabismus, and have explained minutely how it is that *far-sightedness* causes convergent strabismus, and *short-sightedness* divergent strabismus. This explanation I will not repeat now.

This little boy is five years old, and, as you see, he has about an average degree of convergent strabismus. He has evidently inherited the predisposition from his mother, who was operated on some time since for the same condition. In convergent strabismus there is loss of power of the opposing muscles to properly balance each other.

It seems that in this condition the internal recti muscles, from some cause, become

too short or too powerful, and consequently overbalance the external recti muscles, and *draw* the eyes too far inwards and hold them there. The eyes, you see, move to the same extent exactly, but the movements inwards are much exaggerated while they are proportionately limited outwards. What the movements gain in one direction they lose in the opposite direction.

We have two indications for treatment:

1. To weaken the internal recti muscles.
2. To lengthen these muscles.

We can readily and easily meet both of these indications by cutting off the tendons of the internal recti muscles. In the first place cutting the tendons weakens the muscles, and in the next place the cut tendons, by contraction of the muscles, are made to slip back a little on the sclerotic, where they readhere, the muscles being lengthened by so much. To remedy convergent strabismus, therefore, we have only to tenotomize the internal recti muscles. In children we have to give chloroform; in most of grown people I operate without it. Children take chloroform very nicely. A few inhalations, as you see, quiet this little boy down at once. I put in the usual speculum to hold the lids open. I pinch up the conjunctiva with the forceps over the point of insertion of the tendon, and snip it through with the scissors just in front of the point of insertion, passing the points of the scissors a little way under the conjunctiva above and below to make room for the hook, which I now pass into the opening and lay it flatwise upon the tendon, with the point upwards or downwards as may be most convenient. I next rotate the hook, and, as I do so, I make the point engage under the edge of the tendon, pushing the capsule of tendon before it. Now, you see, the tendon is over the hook. I pull upon the hook just enough to make it come up against the insertion of the tendon, which I now cut between the hook and sclerotic, exactly where it inserts into the latter. You see the hook comes loose. I next

explore above and below for uncut fibres of the tendon. If there are none for the hook to catch under it will slip, as you see, under the conjunctiva up to the edge of the cornea. The line of insertion of the tendon you can see after it is cut.

I cut at once the other tendon exactly in the same way, being careful to get it cut entirely off. At the same time I do this with as little injury to the adjacent parts as possible, but must be sure to cut the whole tendon off. If I fail to do this I will fail to get the desired effect. You see I tenotomize both muscles at the same time. I am aware that it has got to be fashionable recently to cut first one muscle and then wait a week or ten days and then cut the other one. I prefer to cut both at once, and thus save a second chloroform and a second operation. I shall continue to do so until I find a better reason for doing other than I have thus far heard. I prefer the method of operating I have shown you to the so-called "Subconjunctival" operation.

CASE II.—This little girl is six years old, and has, as you see, an average degree of squint. You see I make exactly the same operation on her as I made on the little boy.

The chloroform having passed off, you see the little boy has slight divergence. I much prefer to see that than slight convergence. It will most likely right itself in a short time. If it does not we will correct it by putting a stitch in the conjunctiva, drawing the cuts together.

The little girl's eyes seem to be O. K. in every way.

The after-treatment consists in doing nothing.

I direct all such cases not only to leave the eyes untied, but to use them all they wish to. In this way we get the assistance of nature in properly adjusting the eyes.

This blood under the conjunctiva will gradually be absorbed.

SATURDAY, Feb. 25.

GENTLEMEN—You will remember that this little boy had slight divergence immediately after the operation and consequently double vision with *crossed* images. The double vision persisted for several days. It gradually passed away. Now he is not troubled with diplopia, though at times he may see double for a moment. Nature will right this completely in a few days more.

The little girl, you remember, was not troubled with double vision. So, you see, we have had a good result in both cases. You can see the advantage of operating on both eyes at the same time. It saves us a second operation. This is important, particularly where chloroform has to be given.

The *essentials* in this operation are:

1. Be sure to cut the whole tendon in each eye. In doing this, do as little injury to the adjacent parts as possible.

2. Do not tie the eyes up at all, but direct the patient to use them all he wishes to in going about, and thus get the assistance of nature in properly fixing the eyes. This assistance is of great value.

3. Keep your cases under observation till the eyes are permanently fixed in their new position, which requires from five to seven days.

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## Neurological.

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CARL SPINZIG, M. D.

It is with profound regret that we are obliged to chronicle the death of our friend and contributor, Dr. Carl Spinzig, which took place on January 22, 1882, in his fifty-second year.

Dr. Spinzig was a native of Hanover, Germany, and came to this country in 1852. In 1858 he received the degree of Doctor of Medicine, from the St. Louis Medical College. He then commenced medical practice in this city, and continued the pursuit successfully until the outbreak of the late civil

war, when he entered the Federal service as regimental surgeon.

As illustrative of that frank independence of spirit which was one of his strongest characteristics, it is related that when he was on duty at Atlanta, Georgia, he was reprimanded for furnishing professional advice and medicines to "sick rebels." When informed that such action made him liable to trial by court-martial, he replied that he was aware of the fact, and if his superiors would arraign him he would plead guilty. It is needless to add, that he was not further troubled in his ministrations to the unfortunates with whose creed or politics he did not interest himself.

On the return of peace, he was made Resident Physician of the St. Louis City Hospital. Here he availed himself of the opportunities for study of small-pox, cholera and yellow fever; beginning those investigations which, at a later date, bore fruit in the publication of several literary works, which were distinguished by their opposition to prevailing medical beliefs.

In early life he had been obliged to depend upon his unquenchable thirst for knowledge and an unconquerable energy for his education. This fact made him an enthusiastic advocate of the public schools. He was elected again and again a member of the Board of Directors of the St. Louis Public Schools; often as an independent candidate, defeating the chosen men of both political parties. At last, failing health compelled his resignation from an office which brought with it no emoluments but unceasing labor.

In his study of variola, he had become convinced of the uselessness, nay, the dangers, of vaccination. Consequently, he labored without ceasing against what he considered the one great medical delusion of the age. With unswerving consistency he opposed the "germ theory of disease" in every aspect in which it was presented to him. This opposition to favorite theories

brought him few disciples among the profession of this country, but, like many another advocate of unpopular views, he was appreciated in other countries more highly than in his own.

He was a member of several foreign societies, and last year was elected corresponding member of "Die Gesellschaft für Natur und Heilkunde in Dresden, Saxony," which was, we believe, the last honor of the kind that he received.

His modesty of manner, kindliness of disposition and great ability as a physician, made him a favorite with the people. Hence his practice was a large and exhausting one. When wasted by illness himself, he could not refrain from lavishing his professional cares upon those whose misfortunes caused them to appeal to him for aid. For the last two years, failing strength admonished him that the end of his labors was near at hand. A tubercular affection of the larynx seemed to be his chief trouble, until December 22, 1881, he experienced the first symptoms of cerebral hemorrhage. There was hemiparesis of the right side, indicating a slight extravasation of blood into the left cerebral hemisphere.

Precisely one month after the first attack, another and more extensive hemorrhage occurred upon the opposite side. Paralysis of the muscles supplied by the right hypoglossal nerve showed the extreme gravity of the case. Although deprived of speech, he seemed conscious that the end was near. A few hours later, he expired surrounded by his family and friends.

Thus, scarcely past the meridian of life, has passed away one of the few original investigators in the field of medical science who has honored this State and country by his presence among us. Although many of our professional brothers consider his views on some topics as without support and utterly chimerical, yet all will acknowledge his vast industry, his wonderful energy, his indomitable independence, his persistence in what he considered the truth, and his

spotless purity of character. The profession has need of more such men—the State can ill afford to lose such a citizen. May his example remain with us and stimulate us all to pursue the truth for the truth's sake.

W. B. H.

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## Correspondence.

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PRESIDENT ALLEN,

*Of the State Medical Association, Vindicated.*

LIBERTY, Mo., January 10, 1882.

EDITOR CLINICAL RECORD.—At a regular meeting of the Clay County Medical Society, held in Liberty, Clay County, Mo., January, 10th, 1882, the following preamble and resolutions were unanimously adopted:

WHEREAS, There appeared in the December number of the *Medical Herald*, of Louisville, Ky., an article which purports to be a review of the address of the president of the "State Medical Association of Missouri," at the fourth annual meeting, held at Mexico, Mo., and

WHEREAS, The so-called reviewer, in fact, does not review the paper at all, but makes an unwarranted attack upon the scholarship of the author, without pointing out its defects, and

WHEREAS, The said reviewer, or some one connected with the Journal in which his article appeared, has sent copies of the same to a number of physicians throughout our county and State, and

WHEREAS, The author of said address, Dr. J. M. Allen, is a member of this Society and a laborious, earnest and honored member of the profession, therefore, be it

*Resolved*, That we, the members of the Clay County Medical Society, brand the so-called reviewer as a *calumniator* and *totally unworthy* the honorable position of a reviewer for a medical journal.

E. H. MILLER, *Pres.*

W. H. ROBINSON, *Secy.*

### NEW YORK LETTER.

NEW YORK, January, 25, 1882.

EDITOR CLINICAL RECORD:—DEAR SIR.—

I enjoyed the privilege last evening of being present at the opening of the second course of the Cartwright Lectures of the Alumni Association of the College of Physicians and Surgeons in New York; and thinking that a brief synopsis of the lecture, together with a few words about the two distinguished gentlemen, thus far selected to give these courses, might be of interest to a few of the many readers of the RECORD, I take the liberty of sending you a short letter for insertion.

The Cartwright lectures were established through the liberality of the gentleman whose name they bear, just as the Croonian and other courses in England were established, the trust fund being placed in the hands of the Association under whose auspices the lectures are given, the interest accruing from which goes to defray the expense of the lectures.

The first course consisted of six lectures upon "The Physiological Antagonism between Medicines and between Remedies and Diseases," and was given by Prof. Roberts Bartholow, M. D., of Philadelphia, during the winter of 1880–1881, to moderate-sized audiences. Perhaps no one could have treated this subject better than Prof. Bartholow, as he is a leading experimentalist, but it soon became evident that the members of the medical profession would not turn out in large numbers to listen to rather an indifferent reading of that which they soon expected to get in print.

Prof. Bartholow is a man about fifty years of age, with a large, well proportioned frame, with large head and prominent brow, and with a decidedly stern facial expression. His voice is peculiar, being somewhat pectoral in quality, and is wanting in roundness and fullness. He reads in a monotonous manner, seldom varying the pitch, but has an inflection which is not unpleasant.

Prof. John C. Dalton, of New York, was chosen to give the second course, and he selected for his subject "The Experimental Method in Medical Science." What was said of Prof. Bartholow might be said with fitness of Prof. Dalton, viz., that no one could have handled this subject better, he also being recognized as a leader in experimental science. His theme for discussion last evening was "Galvanism in the Study of the Nervous System." He gave a complete *resumé* of the successive advances since Galvani's time, dividing them into epochs, and added that *our* actual knowledge is only an echo of the past; every advance adds to the probable increase in the future; that while the effect of electricity on muscle and nerve was discovered, also the distinct endowment of fibres, the reflex action of the spinal cord, the influence of the pneumogastric nerve on the heart, the rapidity of movement of the electrical current on nerves as well as the movement of volition, the localization of functional centers in the brain; also a prospect for the localization of those for sensibility—all indicate the strides that are being made in experimental research, yet they are founded on the experiments of Galvani. The simpler facts had to come first. Prof. Dalton is a man about fifty-six years of age. He is of medium height and slightly under medium weight, with a face not prepossessing. His voice is rather high-pitched, and weak, and his tones impress one as if he was overtaxing his throat; hence, if it were not for his great earnestness in his delivery, he would not be considered an interesting speaker.

STUDENT.

### Translations.

[Translated for the CLINICAL RECORD.]

EXTIRPATION OF THE BLADDER AND PROSTATE GLAND.—Drs. Th. Gluck and A. Zeller, assistants to the University Surgical Clinic, of Berlin, have just concluded numerous

experiments upon dogs and other subjects. The *modus operandi* is as follows: Dogs are anesthetized with chloroform and morphia; abdomen shaved and disinfected; the penis is elevated; the stretched cutis on either side is divided close to both corpora cavernosa, and all bleeding checked. The penis is displaced by the aid of a thread-sling, so as not to interfere with the operation. Abdominal walls incised, layer by layer, in the median line. Incision six to eight centimeters long and reaching to the pubis. The peritoneal adipose tissue and anterior peritoneum pushed back. The peritoneum on the posterior side of fundus, upper portions of lateral margins and the posterior aspect of the bladder carefully peeled off. Small and large peritoneal lacerations ligated with catgut. Median vesico-umbilical ligament and urachus are ligated in two places, and divided between them. Bladder aspirated, grasped with forceps and elevated vertically. Seminal vesicles becoming visible are carefully separated. Ureters isolated for a certain distance, each ligated in two places, close to the fundus vesicæ, and divided in the center. Hemorrhage being arrested, the bladder is elevated with some force and ligated with catgut at its most dependent portion above the prostate, and amputated. Finally, transverse incision made through each ureter above ligature, and the tubes sewed to cutis abdominalis, protruding about one centimeter. Penile cutis then united. No animal died from these experiments, and three days subsequently appetite returned. Wounds remained aseptic from constant licking with animal's tongue, and healed *per primam intentionem*.

The physical detriment of two exposed urethral fistulæ suggested the insertion of the ureters into the rectum. Rectum is elevated with a sharp hook, drawn forward and a longitudinal incision of some three to four centimeters made. Both ureters are suspended in rectum, fixed, each by one suture, to intestinal wall, and rectal wound closed.

Evacuated feces were loose and mixed with urine. These experiments resulted negatively, having produced urinary infiltrations of pelvic cellular tissue, phlegmon of bladder stump, fecal masses in pelvic cavity, and ichorous peritonitis. To remedy this defect, authors suggest the introduction through rectum of a metal or elastic tube into the lumen of ureters and then close rectal wound accurately. In a few days tubes can be removed. Stated method would give benefit to patient, as the sphincter ani retains its function, thus permitting a slight retention of the urine.

One other method is the attachment of the ureters to the urethra. This experiment was upon the dead subject, the smallness of the parts in the dog rendering technical execution very difficult. An instrument was devised for the purpose. This mechanical contrivance is in the shape of a female catheter, with two fine steel springs projecting at its terminal point. It is so arranged that they enter into the ureters, thus giving support to both ureter and urethra, permitting close and accurate adaptation. Urine injected did not pass out at point of union. In case the prostate should be removed singly, it would be necessary to resect symphysis pubis.

Accordingly, the extirpation of the bladder is indicated—

1. Malignant tumors.
2. Chronic, hemorrhagic and purulent cystitis, with danger of pyelo-nephritis.
3. Traumatism of pelvic cavity and bladder.

The inferences drawn from these experiments are—

1. For total extirpation of the prostate alone we have ascertained no easy method.
2. The bladder can be removed experimentally.
3. The union of the ureters to the urethra is feasible when aided by the suggested instrument.
4. Union of ureters to the rectum has resulted negatively.

5. Extirpation of bladder and prostate and union of ureters to abdominal wall is well sustained by dogs.

Prof. Sonnenburg has just extirpated the bladder for ectopea vesicæ and united the ureters to the penile groove. The result is not known as yet. This was prompted by above-given experiments.

[Profiting by our experience in ovariectomy, oöphorectomy and extirpation of the uterus, extirpation of the bladder and prostate would appear to be comparatively harmless. The relations of the peritoneum to the bladder are similar in the human male and dog. Our knowledge of the requisites of antiseptics has lessened materially the dangers of operations which were considered impracticable twenty years ago.—Tr.] (*Archiv. für Klinische Chirurgie*, Berlin, 1881.)

J. L. B.

**LITHOTOMY THROUGH TRIGONUM VESICÆ.**—Sonnenburg has operated twice on children successfully, and considers its indication to be the perception of the stone by the finger introduced into the rectum. During narcosis the stone could be moved backwards. The patient is highly narcotized in the erect position, with the head in the lap of a nurse sitting in front of him. The nurse puts her arms around the back and holds the legs when separated. The operator enters the rectum with index finger, elevates the peritoneal fold and grasps the stone, drawing it down towards the rectum. This is easily done on account of the elasticity of the bladder. The coverings over the stone are divided obliquely to the prostate. The stone is pushed through the opening, the latter appearing very small, when bladder returns to its normal position. Hemorrhage is unimportant; healing of one case in seventeen, and the other in thirty-five days.

This method possesses the advantage of leaving the prostate and urethra intact, and is similar to the old procedure of Celons.

Large calculi can be removed through a comparatively small opening. This operation has not been performed on adults. Whether the healing of the fistulæ always results as satisfactorily must be left to future observations.

[The operation has been performed on adults. Prof. Louis Bauer has performed recto-vesical lithotomy with complete success. Rectal wound healed in a very short time.—Tr.]—(Mulhauser (Speier,) *Archiv. für Klinische Chirurgie*, Berlin, 1881.)

J. L. B.

**PYROGALLIC ACID IN CHANCROID.**—Terrillon in the Hôpital Lourcine, Paris, has used the following: Amylum 40, vaseline 120, ac. pyrogall. 40 parts. This salve is placed on the ulcers with a spatula once or twice daily. Pain is moderate. Improvement ensues rapidly; after second application ulcers lose their virulence, proven by inability to inoculate its secretions. In phagedenic ulcers, the action of the acid is satisfactory.—Lermoyer et Hitier, *Bulletin Général de Thérapeutique*, Tome C., No. 9.

J. L. B.

**TUMORS OF THE TESTICLE.**—Dr. E. Ehrendorfer, assistant to Billroth, has concluded the tables originated by Dr. Steiner. He substantiates the proposition that sarcomatous growths are more frequent than was previously admitted, when all these tumors were considered carcinomatous. Appended to this dissertation are numerous lithographic plates of microscopic sections. The doctor arrives at the following conclusions:

- 1st. Sarcoma of testicle exists, which is very similar to carcinoma, but is differentiated by exact microscopic examination.
- 2d. Relatively, alveolar sarcomata are the most frequent, and in which the *testicular parenchyma* is not implicated.
- 3d. Next to the alveolar occurs the round and spindle-shaped sarcomata, in which

the canals of the testicle are atrophically destroyed.

4th. Sarcomata exist which are very vascular, and in these there is also a multiplication of tumor cells within the seminal tubules, and which we designate as adenoma of the testicle.

5th. Carcinoma is easily distinguished by the development of epithelial elements in the connective tissue.—[*Archiv. für Klinische Chirurgie*, Bd. 27, Heft ii, 1882.] J. L. B.

LALLEMAND's *porte Caustique*.—Dr. E. Rose, of Berlin, sums up his observations with this method, thus: The lasting retentions of urine; uræmia in consequence of urinary infiltration and urethral gangrene; the spasmodic closure; breakage and fixity of even a platinal instrument; and obstinate "cotton-wool" cystitis are the evil results which will occur in the most experienced hands.—[*Archiv. für Klinische Chirurgie*, Bd. 27, Heft ii, 1882.] J. L. B.

ETIOLOGY OF TUMORS.—Prof. Cohnheim's theory, that tumors invariably derive their origin from *miscarried embryonal cells*, has been affirmed by experiments instituted by Zohn\* and Leopold.† Embryonal hyaline cartilage (rabbit) inserted in various localities—eyeball, abdomen, subcutaneous—of the same species developed into true enchondroma, whereas the same structure taken from born rabbits shrivels, is absorbed or remains as an encapsulated foreign body.

RESULTS OF NERVE-STRETCHING.—Prof. Nocht, of Berlin, has collected 150 cases in which this operation had been performed. He summarized the results under the following captions.

*Sciatica*, 25 cases; relieved 21 (88 per cent.).

*Neuralgia of the fifth pair*, 17 cases; in 10 immediate and enduring benefit (59 per cent.); in 5, gradual recovery; in 2, relapse.

*Traumatic neuralgia*. In two-thirds of all cases, prompt success; in three cases no change.

*Tic-convulsif* (8 cases). In 7 spasms ceased; facial paralysis ensued in six; relapses in five.

*Spasm in the field of the spinal accessory*. Seven cases. Material improvement in two cases.

*Disturbance of motility of the extremities*. Six cases. Three relieved.

*Traumatic tetanus*. 24 cases. Four cured by operation; two by operation and medication; in three, no change at all; balance, temporary relief.

*Reflex epilepsy*. Decided good effect; Three of the cases congenital; gradual improvement and eventual recovery.

*Tabes dorsalis*. Ten cases. Of which two died in consequence of the operation. In two others, some violent perturbations occurred during the healing of the wound; in the balance, some of the symptoms ameliorated; pain lessened; bladder and rectum relieved; improvement curtailed by anæsthesia and paresis. The author arrives at the following conclusions:

In neuralgia, tetanus and epilepsy the operation is of decided therapeutical value. In the lesions of the motor sphere and nerve centers, it is at least a most harmless palliative.

Riedel\* relates two operations resorted to on account of traumatic difficulties of the spine and spinal marrow. In one case, both the ischiadici and crural nerves were stretched at one sitting. In eight days, sensibility and patellar reflex returned; locomotion facilitated; tenderness of spine remained. M. Baillon† relieved a patient of infra-alveolar neuralgia by trephining

\*International Medical Congress of Geneva.  
†*Virchow's Archiv.*, vol. 2 xxxv, pp. 283., 1881.

\**Deutsche Med. Wochenschrift*, No. 1, 1882.  
†*Gazette des Hôpitaux*, No. 180, 1882.

the lower maxilla and stretching the nerve one and one-fourth centimeters. The nerve exhibited no morbid changes. Dr. Küm-mel has stretched the optic nerve seven times without any apparent bad effect. Once he observed a light œdema of the retina, but no extravasation of blood into it, nor any inflammation of the nerve. In atrophy of this nerve, it afforded some benefit.

L. B.

**SUPRA-PUBIC LITHOTOMY.**—C. Langenbuch (*Archiv. für Klinische Chirurgie*, Bd. 26, Heft 1, Berlin, 1881.), in a dissertation on "Lithotomy and Antiseptics," utters the following: "Perineal section is undoubtedly very bloody and threatens with secondary hemorrhages, *sectio alta* decidedly the contrary. It must not be forgotten that profuse hemorrhages foster the absorption of wound secretions."

"There is a difference, also in the tissues injured and in favor of the high operation. In this, the skin, cellular tissue and bladder-wall are compromised; tissues implicating no great physiological desiderata, and which reassume their natural functions. In perineal sections, different conditions are met with. The perineal incision complicates various tissues and organs. Bulb, Cowper's glands, urethra, neck of bladder, veru montanum, prostate, seminal vesicles, venous plexuses and rectum; all these organs are in front of the knife. The urethra, neck of bladder, prostate and some veins must be injured, and the others just mentioned are divided by the knife and in the efforts at extraction. Most especially are the ejaculatory ducts endangered. If we view the operative fields of an anatomical section, or a profile view on copper-plates, the indisputable judgment presents itself; that the inventors of perineal incision had not the remotest idea of the anatomical or physiological signification of this part of the body, or they would have hesitated before plunging their knives

into the domain of such complicated structures."

Opposed to this is the fact that many favorable results occurred; but the fatal question has never been clearly or satisfactorily answered. In how many cases was recovery perfect, or did such weaknesses or such irregularities as urethral strictures, incontinency, impotence, urinary fistulæ, vesico-rectal fistulæ, etc., occur.

Nevertheless, the stone is out, and the patient is not dead, that is sufficient to legalize the operation! And the method? we ask."

[Our experience with antiseptics, and the inference to be drawn from the experiments of Drs. Th. Gluck and A. Zeller, seem to bestow upon supra-pubic lithotomy the highest merit. A laceration of the peritoneum has lost its terrors. Is there any necessity of wounding that membrane? We think not. The peritoneum is connected with the bladder by loose cellular tissue, thus admitting its retraction from the cystic wall by aid of the blunt margin of a scalpel.—Tr.]

J. L. B.

**AN ENORMOUS STONE.**—Langenbuch reports a case of *post-mortem* on a laborer dying of renal tuberculosis, in which a stone weighing 680 grammes (21 ounces, about) was taken from the bladder. It had the following measurements: Length, 10.5 centimeters; width, 8.25; thickness, 7 centimeters.

**SPLENOTOMY** followed by recovery is reported in the *Raccoglitori Medico*. It appears that this is the first instance of the kind in Italy, and will be the fifth out of twenty-four, according to the statistics recently collected by Péan.—*La Presse Méd. Belge.*, Nov. 14, 1881.

**TREATMENT OF OBESITY.**—M. de Saint Germain (*Union Méd. de Paris*) says that the great danger of obesity is from cardiac

lesions. The influence of sex does not seem to be well established—some declare women to be more often affected than men; some claim there is no difference between the sexes in this regard; while others will have it that men are most often victims of a predilection to this—malformation, for a malformation it is. According to this author woman is most often affected, however little she gives herself up to alcoholism, to prostitution, or to inaction, he says, there will appear a marvelous degree of *embonpoint*. The obese are of all ages—at two years even. M. Hillairet, a short time since, presented to the Academy of Medicine a little female monster, aged six years, of whom one might say, like the German who boasted of the plastic charms of his bride, that “the fat run down her back.”

As causes of obesity, the author mentions excess of nourishment and of alcoholic drinks, too prolonged sleep, and sometimes marriage. While widowhood, which fattens men, causes women to emaciate. Treatment by mercury, and castration generally act as provocative of obesity.

As to the treatment, Saint Germain confines himself to that which he inflicted upon one of his best friends—perhaps the best—a physician to the hospital, etc., disguised under such a transparent veil that we have no difficulty in recognizing him.

Having reached the respectable weight of two hundred and thirty pounds, the patient in question had the desire of repressing this fleshly invasion. He began by the classical treatment: Vichy and Marienbad water, gluten bread, exercise, etc. In six weeks he lost twenty-nine pounds, but all his strength with them. He renounced the regimen, allowed his flesh to come back and regained his former health. For eight years there was little change; slight fluctuations in his weight—only this and nothing more. At this time, the demon of equitation took possession of the patient; this lasted until the day when he received notice that his horse's loins would support

him no longer. Consequently, great flurry of the patient, followed up by a most rigorous course of treatment. He arose at five in the morning, mounted his horse for an hour or two at full trot (poor horse!), and then made a couple of miles (three kilometers) at the gymnast's step, in twenty minutes. At the end of two months, he changed this programme by reversing the order of amusements, in place of beginning by his horseback exercise he finished by it. As soon as he was able, he joined to his morning exercise a half hour of fencing.

As to the regimen it was a hard one. No morning lunch after these fatiguing exercises—a cigar to deceive the stomach. For breakfast two soft-boiled eggs, a cutlet with salad and fruit; coffee, with neither sugar nor brandy; *no bread or wine*. For dinner, no soup, a plate of meat, a plate of green peas, fruit, neither bread nor wine. No dinner *en ville*. For drinks, water or tea without sugar. Avoidance of family joys. Results: The weight went down to about one hundred and eighty-seven pounds; and, an interesting fact, the sexual appetite, which had been somewhat weakened, awakened with full vigor. All interested should take due notice hereof, and govern themselves accordingly!—[*Le Lyon Médical*, Feb. 19, 1882.

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OPACITIES OF THE VITREOUS BODY.—M. Giraud-Teulon has used dynamic electricity (constant and continuous current) in twenty-four cases of opacity of the vitreous body, and concludes that whatever be the degree or the extent of the opacity, provided they have not reached confirmed forms of hypertrophy, this form of treatment must be considered as the most effective therapeutic measure, and, at the same time, the most rapid in its effects. The author uses 8 Daniells' or Siemens' elements, applying the positive pole to the closed eyelid, and the negative behind the ear; applications of two to four minutes duration.—[*Le Progrès Médical*, Oct. 22, 1881.

# St. Louis Clinical Record.

EDITED BY

WM. B. HAZARD, M. D.

ST. LOUIS, MO., - - FEBRUARY, 1892

Office, No. 5 South High Street.

## Editorial.

### TO PHYSICIANS.

We mail a large number of copies of this issue to gentlemen who are not subscribers, hoping that a considerable number of those receiving it will become patrons. It should be noted that the journal ordinarily contains thirty-two pages, but that the March number will contain at least forty pages. Parties subscribing now will receive the March number gratis.

### CODES OF ETHICS.

For several years, we have contended that the Code of Ethics of the American Medical Association should be abrogated, and that no further pretence of enforcing its provisions should be made. This has been considered high treason to the profession, and has met with considerable denunciation from some whose interest lies in keeping up party lines. That our position is the correct one is proven by events constantly occurring, a few of which we shall formally state.

1. A few self-appointed delegates to what is, practically, a mass convention, have no moral right to impose rules and restrictions upon members of the profession who have had no voice in the selection of such representatives. Everybody knows that the American Medical Association is not a representative body in any true sense of the term. Therefore, its edicts have no

binding force upon any member of the profession. "Taxation without representation" is no greater outrage than such pretended legislation.

2. Although it has neither moral nor legal status, this association and its smaller subordinate bodies, scattered here and there throughout the country, has undertaken, on more than one occasion, to prosecute (persecute) alleged violators of its Code, with the effect of injuring the reputation and private interests of the victim, without securing any advantage whatsoever to the profession at large. These prosecutions generally have had their origin in private malice, not in a regard for the good name and honorable standing of the entire profession.

3. The assumption of superior ability, higher sense of honor, and that the only truth extant was to be found among those who have made adherence to the Code a means of self-advertising, have had the effect of creating a number of sects in opposition to the apparently dominant faction. These sects have thriven on persecution—real or alleged—and have drawn to their support many of our best citizens, whose love of fair play has moved them to the aid of men who appeared to be the victims of bigotry. Persecution has been said to be "the seed of the church," it, or the appearance of it, is equally the pabulum of unscientific, exclusive dogmas in medicine.

4. The provisions of the Code are not carried out by those highest in position and authority in the Association. If those highest in position disobey its behests, it is to the last degree unfair to expect or attempt to enforce obedience upon the more obscure members. Thus, § 4 of Art. V. of the Code, begins as follows: "A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency or in consultation with the physician previously in attendance, or when the

latter has relinquished the case, or been regularly notified that his services are no longer required." This provision of the Code is, perhaps, the one most frequently violated by those high in the councils of the Association. It is one which conforms in every particular to that standard of conduct which ought to govern every gentleman. When so plain and simple a provision is deliberately set at nought every day by men whose position ought to place them above such rascality, it is the purest nonsense to wrangle over "consultations with homœopaths," or giving certificates to trade-mark preparations, or over the propriety of teaching or examining candidates for the degree of doctor of medicine who may, possibly, choose to place "Homœopath" on their cards or signs.

Again, Article VII. of the Code reads as follows: "Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to those rules with as much uniformity as varying circumstances will admit." This is certainly a fair and reasonable rule. It is one just as binding as that with reference to secret nostrums or advertising. What, then, must be said of a contract with a wealthy corporation, to the effect that the surgeon shall make out his bills for services rendered, at a "reasonable rate," and will (and does) receipt such bills on payment of one-half the sum?

5. As regards consultations, it is a well known fact that certain of the advertising "specialists" make private arrangements with members of the Association who are bound by the Code, to the effect that all cases of considerable gravity shall be sent to the "ethical" party, who divides the fee, generally a fat one, with the advertising drummer. This kind of business is not confined to any one city—Hot Springs is not the only town where such practices prevail.

Away with a Code of Ethics which has no binding force except upon the young and unsophisticated! An instrument the plainest provisions of which are constantly and unblushingly disobeyed by its most ardent advocates, has no useful place in our archives. An implement which in the hands of the unscrupulous is capable of doing so much harm as this one has shown itself to be, ought to be destroyed. If it ever had a day of usefulness, that day has passed away never to return.

### THE TRIUMPH OF THE SPECIALISTS.

The gynecologists, ophthalmologists, otologists, laryngologists and all the other ologists of New York city have, for a long time, looked with longing eyes upon the flourishing clover fields farmed by the homœopaths of that city. They have evidently thought that a fair proportion of the honey derivable from those fields might be brought into their own hives, if the awkward provision of the old Code, prohibiting consultations with practitioners holding to exclusive dogmas, were only removed. These specialists, the gynecologists in particular, at last decided that "something must be done," and, in February, at the Annual Meeting of the State Society, they proceeded to do it. After a year of careful incubation, the special committee appointed to revise the Code of Ethics, consisting of Drs. Wm. C. Wey, C. R. Agnew, S. O. Vanderpoel, W. S. Ely and H. G. Piffard, brought forth a draft of a substitute for the Code of Ethics of the American Medical Association, of which the pith and kernel is contained in the following article:

"11. RULES GOVERNING CONSULTATIONS. — Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

In the good State of New York, then, any member of its State Society may, in cases of emergency, meet in consultation the clairvoyant, the Indian-herb man, the faith-doctor, the "natural bone-setter," and every conceivable species of impostor, without losing caste.

This is as it should be. The specialist will, hereafter, be under no necessity of pretending he is so "unco guid." Hypocrisy will no longer command a premium. "Birds of a feather will flock together" anyway, and the *gentlemen* of the profession can now easily distinguish themselves from those of the other sort. This will, of course, result in a new segregation of the profession. New societies will be formed for scientific purposes only, into which those who profit by this "new era of toleration" will not enter. The latter will, possibly, profit by the change for a time, but ignorance and rapacity will not always prosper.

Specialists, while they have done much to advance science, are also responsible for the lowering of the standard of medical education, and for the obliteration (in New York, at least,) of the distinction between honest medicine and arrant knavery.

The desire for immense classes of half-taught graduates arises from the fact that the less the graduate knows, the more certain will he be to call on his "professor" for help in cases of emergency. The injection of such an immense mass of crude material into the profession every year, serves to fatten the rapacious specialist and to starve the honest practitioner.

The only code of ethics that a decent practitioner can subscribe to, was one offered by Dr. St. John Roosa, at the same meeting. It is short and to the point:

"The Medical Society of the State of New York, in view of the apparent sentiment of the profession connected with it, hereby adopt the following declaration, to take the place of the formal code of ethics, which has up to this time been the standard of the profession.

"With no idea of lowering, in any man-

ner, the standard of right and honor in the relations of physicians to the public, and to each other, but on the contrary, in the belief that a larger amount of discretion and liberty in individual action, and the abolition of detailed and specific rules, will elevate the ethics of the profession, the medical profession of the State of New York, as here represented, hereby resolve and declare, that the only ethical offences for which they claim and promise to exercise the right of discipline, are those comprehended under the commission of acts unworthy a physician and a gentleman.

"Resolved, Also, that we enjoin the county societies and other organizations in affiliation with us, that they strictly enforce the requirements of this code."

This "substitute" did not receive the requisite two-thirds vote, hence was lost. It contains everything essential, and is the one to be adopted by scientific bodies in the future.

### *MEDICAL COLLEGES "IN GOOD STANDING."*

The Illinois State Board of Health has recently taken a step that is certain to redound to its own glory as well as to entitle it to the gratitude of all friends of medical education. After careful investigation, the Board has adopted the following scheme of requirements as its definition of the colleges whose diploma shall be hereafter accepted by it:

#### "MINIMUM REQUIREMENTS FOR A MEDICAL COLLEGE TO BE HELD IN 'GOOD STANDING.'"

##### *I.—Condition of Admission to Lecture Courses.*

1. Credible certificate of good moral character.
2. Diploma of graduation from a good literary and scientific college, or high school. Or, lacking this,
3. A thorough examination in the the branches of a good English education, including mathematics, English composition and elementary physics or natural philosophy. This provision will not be required before the close of the lecture sessions of 1882-1883.

## II.—*Branches of Medical Science to be Included in the Course of Instruction.*

1, anatomy; 2, physiology; 3, chemistry; 4, *materia medica* and therapeutics; 5, theory and practice of medicine; 6, surgery; 7, obstetrics and gynecology; 8, hygiene and sanitation; 9, medical jurisprudence.

## III.—*Length of Regular or Graduating Courses.*

1. The time occupied in the regular courses or sessions from which students are graduated shall not be less than five months or twenty weeks each.

2. Two full courses of lectures, not within one and the same year of time, shall be required for graduation with the degree of Doctor of Medicine.

## IV.—*Attendance and examinations or Quizzes.*

1. Regular attendance during the entire lecture courses shall be required, allowance being made only for absences occasioned by student's sickness, such absences not to exceed twenty per centum of the course.

2. Regular examinations or quizzes to be made by the lecturer or professor daily, or at least twice each week.

3. Final examination on all branches, to be conducted, when practicable, by other competent examiners than the professors in each branch.

## V.—*Dissections, Clinics and Hospital.*

1. Each student shall have dissected during two courses.

2. Attendance during at least two terms of clinical and hospital instruction shall be required.

## VI.—*Time of Professional Studies.*

Before graduation shall not be less than three years, including the time spent with a preceptor, attendance upon lectures, or at hospital.

## VII.—*Instruction.*

The college must show that it has a sufficient and competent corps of instructors, and the necessary facilities for teaching, dissections, clinics, etc.

The committee, composed of John M. Gregory, LL. D., H. M. Chambers, M. D., and the energetic Secretary of the Board,

John H. Rauch, M. D., includes in its report (which was unanimously adopted), several excellent recommendations, which we hope will be acted upon by the decent medical institutions.

The Illinois State Board gives notice, as will be seen from the above, that hereafter there will be no admission to the graduates of a college which does not demand *three years of medical study; full attendance upon at least two courses of lectures of five months duration each*, and hospital clinics. These simple requirements will exclude all graduates (?) from such "mills" as the Joplin College of Physicians and Surgeons, as well as those of all institutions that receive students in the last week or month of the term and graduate them off-hand. This is a notice to the entire pestilent breed that the days when half the class of hundreds can be spawned forth upon a patient community are drawing to a close. Of course there are States which still tolerate such monstrous evils, but Illinois, with her three million of people, furnishes an example of what an enlightened State Board of Health may do, if it is in earnest, towards advancing medical education, and such an example is bound to have an effect.

We have heretofore opposed State Boards of Health. As usually constituted they do very little good. But if they were all of the Illinois type we should be compelled to change opposition into earnest support.

## EDITORIAL NOTES:—

W. R. WARNER & Co., of Philadelphia, have put up their "Parvules" in pocket cases of elegant workmanship, for the use of physicians who would like to do their own dispensing. The minimum dose being furnished in each "parvule," the proper dose for any given case is easily fixed by the prescriber. Tiny envelopes, for dispensing one or several doses, with blanks for directions, are also placed at the

physician's disposal, a large number being contained in a pocket to the case.

We have tested the "parvules" in a large number of cases, and have always found them reliable. We commend this new departure to our readers.

THE TRADE-MARK AGITATION, which certain parties have been industriously "working up" for a year or two, is at last being heard from. We trust the original agitators will be abundantly satisfied with the results. They will, doubtless, receive a vast amount of free advertising, which is, after all, apparently the main object of the entire matter.

A NUMBER of important book notices and literary notes are unavoidably deferred to our next number, which will be a remarkably good one. Subscriptions to Vol. IX. are now in order.

LIONS, LAMBS, ETC. — One of the first fruits of the "new era of toleration" inaugurated by the adoption of the revised and improved Code of Ethics by the New York State Medical Society, is the organization of a new medical college in Boston. The faculty of this excessively "modern" institution is composed of seven professors, whose titles are as follows: "Professor Anatomy and Surgery," "Professor Physiology and Chemistry," "Professor of Pathology and Etiology," "Professor Allopathic Practice," "Professor Gynæcology, Obstetrics and Homœopathic Practice," "Professor Eclectic Practice," and "Professor Medical Jurisprudence."

This is no travesty, but a *verbatim* copy of the titles given in the circular of the "Bellevue Medical College of Massachusetts," now before us.

In our youth and innocence, we had supposed that the lowest depths of degradation had been reached in medical education (?) by the low-grade, two-term institutions, but there is still a lower deep they may yet reach, and we shall not be surprised to find several of them following the example of

the new Bellevue, as they have delighted to ape the elder college of that name in its shameful backsliding from an honorable position.

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## Book Notices and Reviews.

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A MANUAL OF HISTOLOGY. Edited and prepared by Thos. E. Satterthwaite, M. D., of New York; President of the New York Pathological Society; Pathologist to the St. Luke's and Presbyterian Hospitals, etc.; in association with Drs. Thomas Dwight, J. Collins Warren, Wm. F. Whitney and others. 8vo. pp. 478, with 198 illustrations. Cloth, \$4; New York, William Wood & Co., 1881.

This compendium is arranged on the same plan as Stricker's Work, only it is in more convenient compass for the student. What it gains in compactness, it of course loses in value as a book of reference, but, on the whole, the editor has shown such good sense in the selection and arrangement of subjects as well as in the choice of his collaborators, that the result is exceedingly creditable to American scientific literature. The hasty reader, on opening the book at certain places, such as the chapters on the skin, the central nervous system and the spleen might be misled into believing that the book is written not only *for* but *by* students of a very primitive scientific and literary education, but a more careful study will convince him that the wretched character of these special chapters is an altogether exceptional feature, and that, in view of the generally excellent character of the work, its editor, who has himself written some of the best chapters in it, is to be consoled with on his unfortunate choice of collaborators in the instances referred to.

The first chapter deals with the use of the microscope and microscopic appliances, the next with the method of preparing tissues, giving the best and most approved

methods of making, staining and mounting sections. The remarks on hardening the brain are, however, merely perfunctory. The chapters on the blood, epithelium and particularly the connective substances, to whose anatomy the editor has himself been a contributor, as well as the general histology of the nervous system are uniformly clear and concise.

We would call particular attention to the thoroughness of the chapters on the blood-vessels and lymphatics; in the former, Dr. Wendt introduces some of his special views as to the endothelial desquamation. He believes that Anerbach's "intercalated areas" are the remnants of an incomplete desquamation. It is to be regretted that the language of this chapter has not been revised with regard to the demands of literary elegance, and that such a superfluous clause as "There is no discernable difference between the vaso-constrictor and the vaso-dilator nerve-fibres" should be inserted. The contribution on the lymphatics, by Birdsall, is unusually lucid, and demonstrates its author to be possessed of broad conceptions extending beyond the mere recording of what is seen in Canada balsam. Dr. Meyers claims to have discovered double contoured bile capillaries, and hence that the intercellular bile channels are really closed tubes. The contradicting views of Henle, Hering and Schweigger-Saydel are explained on the hypothesis that these walls, being exceedingly delicate, were destroyed by the heat of the injecting fluids used by these observers. This chapter (that on the liver) is one of the best illustrated in the volume, and the writer has deviated from the plan followed by most contributors to this volume, by introducing some diagrams representing the results of his own studies. The same remarks apply to the chapter on the liver—which is by Dr. Meyer likewise; some of the diagrams in which are models of clearness and at the same time do not differ as much from what one actually sees

under the microscope, as the stock illustrations do. The chapters on the organs of generation are compilatory, and the diagrams copied. One would suppose that as simple an object as a spermatozoon might have been delineated from the author's own observation, instead of being copied from La Valette St. George. The chapter on the lung is brief and clear, its author, one of our most careful and thorough anatomists, has failed, however, in advancing anything essentially novel, though we believe in this field there is still great room for clearing up the debris left by earlier writers, and simplifying relations. The author of the chapter on the skin will doubtless feel grateful to the reviewer who passes over this part of the work in silence. The reviewer would prefer to do the same with regard to the chapter on the central nervous system, by R. V. Amidon, but cannot refrain from referring to some of its richest and juiciest portions. The spinal cord, according to this gifted investigator, undergoes a transition into "the coccygeal nerve," the columns of Burdach are *in front of* the columns of Goll, and so on through this, one of the most confused and error-beladen pieces of histological writing. Special pains are taken to credit diagrams and discoveries to his brother-in-law, Seguin, instead of Flechsig and others the real discoverers, while those who, in this country, have really contributed to neuro-anatomy are passed over in silence. Pretty soon the profession will begin to appreciate the existence of a mutual family advertising concern in New York, which is intentionally blind to everything outside of its own circle, and resorts to what is as bad as plagiarism, though warily avoiding technical guilt, in bolstering up its claims. What basis is there for introducing "Seguin's" (copied from Ferrier, Charcot and others) diagrams on localization, which have absolutely nothing to do with histology? The article on the eye is fair, but its appended bibliography is remarkable only for brevity,

containing but three out of the three hundred bibliographical references relating to the subject. The chapter on the ear is still shorter, but its bibliography more complete, and the height of laconicity is reached in the chapter on the nasal passages, which is not much larger than the appended list of references.

The twenty-sixth chapter is entitled "The Thick Cutis Vera." In it Dr. Collins Warren expatiates on his discovery of the pathologically important columnæ adiposæ. The other Chapters contain nothing specially noteworthy. The execution of the book is good, we would have suggested that a little more liberality on the part of the publishers in the line of illustrations would have been desirable, if in face of those now in the work, we could believe that such liberality would have been utilized by original designers and not copyists. \*\*

**LECTURES ON THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES.** By E. Fletcher Ingals, A. M., M. D., Lecturer on Diseases of the Chest and Physical Diagnosis, and on Laryngology in the Post-Graduate Course, Rush Medical College, etc. 8vo. pp. 437, with 135 illustrations. Cloth, \$4; New York: William Wood & Co., 27 Great Jones street, 1881.

These lectures are as complete and concise as any yet published in one volume. A large field in physical diagnosis is surveyed, and the main points are clearly noted. Intended mainly for students at first, this work has grown with the author until it answers the need of both student and practitioner. Where there is so little of theory and so much of condensed and practical truth, it is unnecessary here to traverse mentally the whole, but at the outset we commend it and congratulate the diligent young author.

The first 150 pages present in outline the subjects of diagnosis and treatment of diseases of the lungs. The regional boundaries of the sub-division of the chest are

described—a few changes in the usual plan being made for the sake of plainness and simplicity.

Following this, the different methods of examining the chest are given, and the characteristic features of the normal and abnormal conditions. In the chapters on diagnosis, the differential evidence is presented as far as possible in parallel columns, well arranged.

The suggestions for treatment are too brief for criticism—unless that be a criticism. There lines are devoted to the method of conducting a case of hydrothorax—less than a page to pneumonia; pulmonary thrombosis and embolism, half a line.

The section in which the diseases of the heart and aorta are discussed—100 pages—is the result of a good deal of labor, and of that process as little understood, and yet as desirable—"boiling down." The chapter on the sphygmograph is quite interesting. We can hardly agree with the author when he says in conclusion, "the sphygmographic trace is not diagnostic of any disease." In at least a few cases of aneurism of the aortic arch, the first and for some time the main evidence of disease is the differences in and the characteristic appearance of the radial pulse of the left side compared with the other. Testimony favorable to the sphygmograph is accumulating.

The last one-half of Dr. Ingals' book treats of diseases of the throat and nasal cavities. Here, too, the subject matter is greatly condensed, but yet pleasantly arranged. While there is nothing new, the author has gathered from all sources, till probably few books cover so much ground in so little time. Many of the illustrations will be recognized by those familiar with Wood's publications; among them is one which will probably be dropped from future editions—"Adams' Electric Laryngoscope." A useful compilation of formulæ, many of them being from the

London Throat Hospital, forms the last chapter.

There is truly no need, nor will there be for a few years at least, for a new book on laryngology. Mackenzie, Cohen, Bosworth and others have more than supplied any immediate want. Dr. Ingals has done well, therefore, to take a wider range, and to include the study of diseases of the chest.

The author's diction and the publisher's work are each irreproachable. The volume is, in every sense of the word, clean.

WM. PORTER.

**A SYSTEM OF SURGERY**, Theoretical and Practical. In Treatises by various Authors. Edited by T. Holmes, M. A. Cantab., Surgeon and Lecturer on Surgery at St. George's Hospital, Etc. First American, from second English Edition, thoroughly revised and much enlarged. By John H. Packard, A. M., M. D., Surgeon to the Episcopal and St. Joseph's Hospitals, Philadelphia. Assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Vol. II. Diseases of the Organs of Special Sense. Diseases of Circulatory System. Diseases of Digestive Tract. Diseases of the Genito-Urinary Organs. 8vo, pp. 1063. Vol. III. Diseases of the Respiratory Organs. Diseases of the Bones, Joints and Muscles. Diseases of the Nervous System. Gunshot Wounds. Operative and Minor Surgery. Miscellaneous Subjects. 8vo, pp. 1059. Philadelphia: Henry C. Lea's Son & Co. 1881-'82. St. Louis: J. H. Chambers, Agent. Sold by subscription only. Per volume, cloth, \$6; leather, \$7; elegant half-Russia, \$7.50.

We congratulate the American profession upon the completion of this magnificent work in such an elegant and inexpensive style, and tender our thanks to the eminent publishers for accomplishing their work in so short a space of time, and for rendering this mine of surgical knowledge accessible to the practitioner of the most limited means. As we have before stated, the American editor has been very fortunate in the selection of his aids in the immense work of revision. Among the more

important of the additions made by American writers, we note the section on Injuries and Diseases of the Absorbent System, by Dr. Samuel C. Busey, of Washington, whose exhaustive studies upon this class of subjects are well known; the additions to the section on Surgical Diseases Connected with the Teeth, and their Treatment, especially those on apparatus for the relief of congenital defects of the palate, by James Truman, D. D. S., and the chapters on Bigelow's method of rapid lithotomy with evacuation (Litholapaxy), by Dr. E. L. Keyes, are especially to be commended (Vol. II.). Dr. A. J. C. Skene's revision of the section on the Surgical Diseases of Women—same volume—has been made with great care and thoroughness.

In the third volume, the additions and improvements are still more important and noticeable. Part I., on Diseases of the Respiratory System, has been thoroughly revised by Dr. J. Solis Cohen, of Philadelphia; the fact that this eminent specialist has undertaken the task is a guarantee that it has been well performed. The identity of croup and diphtheria is denied. The prognosis of laryngeal phthisis (phthisical laryngitis) is pronounced to be bad, without reserve. This was powerfully contested at the recent International Medical Congress of London, and Dr. Wm. Porter, of this city, has reported some cases of recovery from this usually hopeless disease.

In the chapter on Locomotor Ataxy, by Lockhart Clarke, revised by Prof. Bartholow, the latter (as usual) has had much greater success with his therapeutical agents than his confrères seem to have had. Nerve-stretching is alluded to very encouragingly.

The valuable section on Anæsthetics, by Prof. Lister, has been carefully revised by Dr. J. C. Reeve, of Dayton, Ohio, who has done his work so well that this part is more than doubled in value in the process of becoming "Americanized."

Two new sections have been added to

Part V., by the editor, Dr. Packard. These are "Operations on Arteries," and on "Various Operations," including trephining, colotomy and excision of the rectum.

In the chapter on Minor Surgery, we recognize the old faces of Sayre's patients here reprinted for the twentieth time. If self-advertising to an unlimited extent ever brought wealth to any man, Prof. S. ought to be worth two or three milliards of dollars.

The old section on Diseases of the Skin has been omitted, and a new one takes its place, written by the talented Philadelphian, Dr. Van Harlingen, whose valuable contributions to dermatology have given him an enviable position. It is needless to say that he has furnished one of the best chapters in the entire work.

Dr. Norton Folsom writes an excellent Appendix to the closing section On Hospitals, which contains the latest and best information on this extremely important subject to be found anywhere. Dr. Folsom is a "true expert" on hospital construction, and his paper, alone, should give this great work a place in the library of every institution of the kind in the country.

We have had space to allude to only a few of the multitude of valuable features presented by this great library of surgery; sufficient has been said, we trust, to induce our readers to investigate its merits for themselves. We are sure no one can be disappointed after even a casual inspection of the contents and reading even one article carefully. The thorough student is never satisfied with compends—the lazy, careless man wants nothing better. The former will appreciate a work like this—the latter had better invest his money in "dime novels."

The publishers have performed their contract well; the type is clear, distinct, and typographical errors are few and far between; the paper is good, and the binding is excellent. We cordially commend the work to our readers as the best and most complete System of Surgery yet published in our language.

**A TREATISE ON HUMAN PHYSIOLOGY.** Designed for the use of Students and Practitioners of Medicine. By John C. Dalton, M. D., Prof. of Physiology and Hygiene in the College of Physicians and Surgeons, New York, etc. Seventh Edition; 8vo., pp. 722, with 252 illustrations. Cloth, \$5 00; leather, \$6 00; half Russia, \$6 50. Philadelphia: Henry C. Lea's Son & Co. 1882. St. Louis Book and News Co.

The profession will be glad to learn of the publication of the *seventh* edition of Dr. Dalton's work on Human Physiology.

The previously well earned reputation of the work will be greatly enhanced by this very much improved and thoroughly revised edition. We think that we can safely say that the present work is up to the current of advanced scientific thought, and will take rank with Fulton, Foster, Flint or Carpenter in this field of investigation. Dr. Dalton deserves well of the profession for his able and indefatigable efforts, researches and investigations in this special branch of medical science. In the section of physiological chemistry, changes which relate to the classification of albuminoid substances have been made, and more particularly in the "prominence given to the Ferments as a special group." To the whole nervous system a more general consideration has been given, especially to the "localization in special parts of the cerebro-spinal axis." The study of the vaso-motor nerves and nerve centers claims also special attention, commensurate with the development which almost marks "this as a special department of nervous physiology." The chapter on Embryology has received careful thought and consideration, and many valuable suggestions on this important subject are added thereto. "The topics which enter the domain of doubt and uncertainty have been briefly treated," and greater force and prominence given to these which are demonstrated by satisfactory evidence. We are quite sure that this edition will and should be sought after by

both medical student and practitioner for it cannot fail to be of interest and value to all who feel an interest in this department of medical science.

R. M. K.

INDIGESTION, BILIOUSNESS AND GOUT IN ITS PROTEAN ASPECTS. Part I. Indigestion and Biliousness. By J. Milner Fothergill, M. D., M. R. C. P., London, Senior Asst. Physician to the City of London Hospital for Diseases of the Chest, etc. 12mo. pp. 320. New York: William Wood & Co., 27 Great Jones street. 1881.

Dr. Fothergill has been wonderfully successful in pleasing the American medical public. Anything with his name as author is sure of a wide circulation. This success has not been without its disadvantages. It has urged on the writer—in a measure compelled him—to ply his pen without ceasing, much to the detriment of the reader as well as of his own reputation.

The great charm of this writer seems to be founded on the positiveness with which he makes his statements, and the ease with which he assumes the character of infallibility. He succeeds in keeping up the reader's interest by constantly promising to give him sure and certain means of arriving at successful methods of treatment. He plays with the chemical formulæ of organic matter, and deduces conclusions from them with the same *sans froid* that Signor Blitz displays when he hatches rabbits and canaries out of a dozen eggs broken into a borrowed hat.

The work under consideration is a curious study. The professional reader will find himself, if he is not careful, lapsing into the happy state of unreasoning receptivity which made the half digested lectures of his college professors "law and gospel" to him in his callow student days. If he does not watch our author carefully, he will not see the clever tricks of the literary *prestidigitateur* which are being so neatly done in open daylight before him.

*Imprimis*, Dr. Fothergill writes his book (at least this one) for the general public, not for physicians only. Surely, very few phy-

sicians, even graduates of the lowest grade, two-term institutions, need to be told that *pruritus ani* means "itching of the fundament" (page 31), as that "bleeding piles" are synonymous with "hæmorrhoids" (page 120). A large number of instances of the same sort might be cited to show in what a "popular" style the book is written. This would be pardonable were it not true that the cautious, conscientious physician is continually frowned down, and the remorseless "doser" is as constantly lauded. So-called therapeutic nihilism is everywhere condemned, and expectant medicine, the author hopes, has gone down forever under his masterful assaults. Of course, the author does not say this in so many words, but this is the sum and the substance of the many pages he devotes to the condemnation of those who are not willing to see everything through his new physiological spectacles.

In the second place, Dr. Fothergill is one of the pestilent tribe of compilers whose mountains of unfruitful labor cumber our book-shelves. The first half of this volume is simply a rehash of Robert's lectures on "The Digestive Ferments," Foster's and Carpenter's works on physiology (so far as digestion is concerned), and a few old notes from Claud Bernard and Dr. Beaumont. Murchison, Budd and Sir Joseph Fayrer have been as industriously studied and quoted in the second part.

Another fault, one which the thorough-paced compiler is certain to commit, is the lack of logic in his reasoning. One of the most amusing blunders is to be found in some of the early chapters. On page 26 he quotes Ringer to the effect "that the contact of an alkali to the lining membrane of the stomach induces a subsequent flow of gastric juice if taken before a meal." Now, on page 29, he advises both in gastric ulcer and in gastric cancer, when the surface of the stomach being raw, "the acid of the gastric juice causes acute pain, so the food should be 'sheathed with an alkali.'"

Of course, the object is to pass the food along to the duodenum for pancreatic digestion. It is possible, it is true, that an alkali given with food behaves differently from what it does if given before meals, but we are inclined to be skeptical. Again, page 57, he quotes: "Richet found that the acidity of the contents of the stomach, although it varied through considerable limits, had a marked tendency to maintain the normal average. If acid or alkali were added to the digesting mass the mean was presently restored automatically—the stomach, in the former case, ceasing to secrete acid, and in the latter case secreting an increased quantity of acid." Later, page 61, he refers to the gastric juice as if only a fixed quantity could be secreted during the digestive act, which is notoriously not the case, and complacently advises the use of pancreatic juice, which he innocently imagines will be convoyed safely through the stomach by the presence of a few grains of alkali. Theoretically, and following our compiler's own authorities, we could not conceive of a more dangerous guard to send along with the precious "trypsin"—one more certain to insure its destruction before it can reach the pyloric ring. Evidently, our author should digest the theories of other writers before he rushes into print for the delectation of the public, both lay and medical.

As an example of unadulterated theorizing, without any reasonable basis, commend us to his speculations upon Lecithin (pp. 20 and 76). We have an idea—hypothesis is the better word—that the following, from Foster's physiology, is what has given our author such peculiar notions about the remarkable properties of this substance:

"When treated in an ethereal solution with dilute sulphuric acid, it is merely split up into neurin and distearyl-glycerinphosphoric acid. Hence, Diakonow regards lecithin as the distearyl-glycerinphosphate of neurin, two atoms of hydrogen in the glycerinphosphoric acid being replaced by the radical of stearic acid."

So far as we have been able to learn, there is nothing in physiological literature to warrant Dr. Fothergill in assuming that lecithin is in any way to be compared in importance with hæmoglobin, there being fully ninety per cent more of the latter than of the former in the blood.

We are inclined to the opinion that Dr. Fothergill's practice among real, flesh and blood patients has been rather limited. He has walked the hospitals occasionally, we presume, and taken a dinner occasionally with the students and physicians from America—he always seems to appreciate the good things of this world. If our genial author has practiced medicine to any great extent, he would have been able to have made a correct diagnosis of "sister Anne's" case of migraine (page 39), and would not have mentioned any such "severe disease as typhoid fever, and ague" (page 135). This last named nosological curiosity certainly is a little in advance of our own "typho-malarial fever."

Really, we see no good reason for the existence of this book. Everything it contains has been said before. As a financial venture, it is certain of success. As a contribution to the science or art of medicine, we consider it a flat failure.

We know that what we have written is counter to the views of many of our physicians who are taken captive by the easy-going, enthusiastic, positive, "slangy" style of the author. What we have written, however, sincerely expresses our own opinion.

The book is presented in unexceptionable style by the publishers.

**ANATOMICAL STUDIES UPON BRAINS OF CRIMINALS.** A Contribution to Anthropology, Medicine, Jurisprudence and Psychology. By Moritz Benedikt, Professor at Vienna. Translated from the German, by E. P. Fowler, M. D., New York. Department of Translation; New York Medico-Chirurgical Society. 8vo. pp. 185, illustrated. Cloth, \$1.50. New York: William Wood & Co., 27 Great Jones street, 1881.

Professor Benedikt has a high reputation as a brilliant writer and positive teacher, however untrustworthy many of his assertions and observations may have proved themselves to be. The translation before us is one of an already old book, the original having appeared in the summer of 1878. The translator gives the following as his motive for having undertaken the work:

"That this little work may help towards bringing the more lowly organized mass of the human race up to the higher estate of noble manhood, and thus to render all classes more secure in person, property and life; and most of all, to fit these unfortunates for the Infinite Life, is the earnest and sole desire of the translator."

The sentiment does him honor, no doubt, but we are hopelessly in the dark as to *how* he expects this translation is to bring about such desirable ends. However, we hope it will prove as successful as he could wish.

The work proper opens with a short description of the normal convolutions and sulci of the human brain, mostly taken from Ecker's work. Then follows an attempt to settle the question of the limits of the occipital lobe. He then describes the abnormal type of brain found by him in the criminal classes, as follows:

"The most important characteristic of this type consists in this: *If we imagine the fissures to be water-courses, it might be said that a body floating in any one of them could enter almost all the others.*"

This, therefore, is termed the "confluent-fissure type," and is claimed to have been present, more or less defined, in all the brains of criminals he has examined.

Twenty-two "observations" of brains of criminals, illustrated with engravings from the photographs contained in the original, are then given. Notes of the personal history of each subject, with the weight, measurements and an account of the arrangement of the convolutions and sulci of the brain of each, follow in detail.

In the "Recapitulations" we find, first, a massing of facts relative to the confluence

of the brain-fissures observed in all the brains examined; second, the author's conclusion from a general survey of his work. This is expressed in the proposition (p. 157):

"THE BRAINS OF CRIMINALS EXHIBIT A DEVIATION FROM THE NORMAL TYPE, AND CRIMINALS ARE TO BE VIEWED AS AN ANTHROPOLOGICAL VARIETY OF THEIR SPECIES, AT LEAST AMONGST THE CULTURED RACES."

In a third "Recapitulation" he compares the brains of his criminals with those of certain beasts of prey, instead of with those of apes. This seems rather odd, but it was done, perhaps, in conciliation of those who see a resemblance between felons and foxes, bears, etc. It could not have been because the brains of the carnivora have much in common with those of men, in the way of structural development. The presence of four primitive frontal gyri in some of his specimens is, however, interesting.

The author's final conclusion is that "crime is a psychological act of the criminal, and the criminal, therefore, is the first subject for study." This probably means that crime is the necessary outcome of a defective organization of the brain. This is too manifestly untrue to require discussion. Atypical brains and skulls characterize the monomaniac, the imbecile, epileptic and idiot. Opportunity, education, surroundings, necessities, etc., are the basis of crime.

To diagnose between the lunatic and the criminal proves often a very difficult task. Policemen, attorneys and judges are no more at fault, in some cases (Guiteau's, for instance), than some of our self-styled and politically christened medical experts. Benedikt's work, no doubt, has some value; at all events it offers a mass of observations which have the merit of being novel; at least to the body of the profession.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. Von. Ziemssen,

Professor of Clinical Medicine, Munich, Bavaria. Vol. XX; General Index; 8vo. pp. 499. New York: William Wood & Co., 27 Great Jones street., 1881.

To the ordinary reader, he who is not blessed with an excellent memory, the possession of this volume is really a necessity if he would have the wealth of this great treasure-house of knowledge available. The index is printed from clear type, and is very full and complete. The volume is illustrated with a fine portrait of Prof. von Ziemssen, which is said to be accurate by those who have seen him.

The appearance of the different volumes, at intervals, has made the arrangement of the subject matter rather confusing; hence, the necessity for a well arranged index.

After years of study and constant use of this magnificent work, we are prepared to state most emphatically that it has no equal in the language.

The reproach that it is superannuated is without just foundation; it remains to-day the best exposition of medical practice accessible to the physician whose reading is limited to our own tongue. The publishers deserve the gratitude of our profession, and the hearty support of its members.

**SUPPLEMENT TO ZIEMSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.** Edited by George L. Peabody, M. D., Instructor in Pathology and Practice of Medicine, College of Physicians and Surgeons, New York; Pathologist and Medical Register to the New York Hospital, 8vo. pp., 844. Cloth, \$6.00. New York: William Wood & Co., 27 Great Jones street, 1881.

The appearance of a new German edition of Ziemssen's Cyclopædia, and the regular advance of our art in the years which have elapsed since the appearance of Wood's translation have made this supplementary volume a desirable addition thereto. The physician who possesses the twenty volumes of the original will find his medical library satisfactorily complete when he has added the supplement to his collection.

It is astonishing, in view of the varied

criticisms, upon the first edition, which have appeared, to find how few additions have been found of sufficient value to be incorporated in this supplement. The section on nervous diseases has received the greatest amount of attention; and even here it is remarkable how little there is of well-sifted matter that can be called really new and valuable.

We hope every owner of the Cyclopædia will add this volume to his library; if he should buy no other volume for a year, he will find his stock of knowledge increased to a larger extent by carefully studying this one, then by an investment in every compilation under which the market groans.

**A MANUAL OF OPHTHALMIC PRACTICE.** By Henry S. Schell, M. D., Surgeon to Wills Eye Hospital and Ophthalmic and Aural Surgeon to the Children's Hospital. 12mo. pp. 263, with 53 illustrations. Cloth, \$2.00. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1881. St. Louis: H. R. Hildreth Printing Co.

The name given to this little book would seem to indicate that it makes no claim to giving a *full* consideration of all the diseases of the eye, aspiring only to be a *manual* not a *treatise*. The author has mentioned about everything in ophthalmology, but in all candor I must say that the consideration of the different diseases is *too brief* to make even a good *manual*.

The subject matter is good enough so far as it goes, but the *excessive* brevity spoils the work for even the purpose of its author. I have examined it carefully and have come to the conclusion that only good experts in ophthalmology can read it understandingly, it being so deficient in so many necessary details. Of course this defect would prove fatal so far as the uses of general practitioners are concerned, for whom it seems to have been specially intended. The chapter on the diseases of the conjunctiva are fuller and consequently less objectionable than any other part of the book. Had it been doubled in size,

with all the necessary details, the book would have been quite acceptable.

The illustrations are taken from standard works, and, of course, are good. The mechanical work is unexceptionable.

A. D. W.

**TRANSACTIONS OF THE THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY**, held at Chicago, May 17, 18, 19, 1881, 8vo. pp. 362. Chicago: Johnson, Olds & Co., 1881. From the Secretary.

This volume of Transactions is superior to most such literature. Several papers deserve special mention.

The President's Annual Address contains a good deal of high-flown rhetoric, but also many sensible suggestions. The following thought should be well considered by every professional man:

"If we, as a profession, have a low standard of professional excellence; if we, who represent the counties in which we live, are satisfied with superficial attainments, and willingly receive into our offices and under our instruction the material, as our successors, which the most elaborate effort on our part can mould into nothing better than the coarsest commonplace, or the most insipid superficiality, can we murmur if our people have no more exalted appreciation of our profession than we, its teachers, have in act and life taught them continuously?"

The Report on Surgery, by Dr. C. T. Parkes, contains an interesting account of some experiments on nerve-stretching performed upon the cadaver. We have space only for the author's conclusions:

"These experiments convince one of the great strength possessed by nerve trunks, and the results are, to me, somewhat surprising in showing the amount of weight they will sustain. It would seem scarcely possible to rupture a nerve by the force used in the ordinary way of stretching over the finger, or sound, or direction (director?). The fact that the great sciatic nerve pulled away from its attachment to the spinal cord, and its roots of origin came out of the foramina of exit entire, under a weight of less than ninety-three pounds in three trials, contains something of an item of

warning against using excessive force in a longitudinal direction, even on this, the largest nerve trunk of the body. It shows, also, that the force used is not expended upon the points of exit of the nerve from their bony investments, but is transmitted to the spinal cord at the point of origin. If this point of attachment between nerve and center be destroyed, paralysis must certainly be the immediate result. Does the successful stretching stop short of this rupture, and yet so modify the axis cylinder of the nerve fibres—say by partial interruption of continuity, here and there in its course—as to allay the baneful effect of deranged peripheral or central nerve cell action?"

"The amount of elongation of the nerve was pretty constant in all the trials, and it is barely possible that more extended experiments might make this degree of lengthening a guide as to the safe amount of force to use in applying the process of stretching."

Experiments in the use of Chian turpentine, Mastic and sulphur for Cancer, by Dr. Edward Andrews, is a very suggestive paper. Again we have to regret that our limited space will not permit of more extended extracts. The following concludes a very interesting and instructive contribution:

"My conclusion is that every cancer, in a proper location, should be cut out early, and the remedy taken afterwards, and that old, neglected cases where an operation is hopeless, are the only ones which should trust the new remedy exclusively."

An examination of the records of his cases shows that both true and false Chian turpentine, gum mastic, and even flowers of sulphur alone, were capable of arresting the progress of such growths, relieving the pain in most cases, and, in a few instances, leading to apparent recovery.

Dr. Plym S. Hayes has a short paper on the Permanent Removal of the Hair by Electrolysis. In this he gives due credit to Dr. Michel (but spells the name Mitchell), of this place, but declines to mention the CLINICAL RECORD, in which the process was first described.

Dr. C. Truesdale writes on Listerism and

Carbolic Acid. Dr. T. claims that this agent is really and exclusively an "antiphillogistic remedy"—having a special controlling influence over inflammation—and attempts to explain all the virtues of the antiseptic treatment of wounds by this theory, in which, of course, he fails.

We congratulate our Illinois friends on the improvement this volume shows over its predecessors. The next meeting will be held in Quincy, on the third Tuesday of May next.

**THE NURSE AND MOTHER.** A Manual for the guidance of monthly nurses and mothers; comprising instructions in regard to pregnancy and preparation for child-birth; with minute directions as to care during confinement and for the management and feeding of infants. By Walter Coles, M. D., Consulting Physician to St. Ann's Lying-In-Asylum, St. Louis, etc. 8vo. pp. 153. Cloth, \$1.50. St. Louis, Chicago and Atlanta: J. H. Chambers & Co.

Dr. Coles is one of our best and clearest writers on medical subjects. We are, therefore compelled to express our regret that he should have thought it necessary to write a manual for the monthly nurse. To be sure, this class has been heretofore entirely neglected by medical authors. In this aspect of the case, it may be said that this book "fills a want long felt." The physician will find all that it contains of any value in any good work on obstetrics. If he has not the time to instruct his monthly nurses in their duties, he will be very apt to meet with disappointment when he places this book in their hands and expects them to study it and learn its lessons. The ordinary nurse will not read, much less study and follow, the teachings of this little book—"written down" especially to suit their necessities, as it is. We wish we could say something more encouraging, but our author has doubtless found, ere this, that his book is a failure so far as the teaching of nurses is concerned. There is a certain class of lazy practitioners who

will find a good deal to learn from this book. The lessons are so easy and so pleasantly presented that we hope the new graduates of some of our lowest grade, two-term schools will buy it and study its teachings with attention.

**THE WILDERNESS CURE.** By Marc Cook, Author of "Camp Lou." 12mo. pp. 153. Cloth, \$1.50. New York: William Wood & Co., 1881.

A victim to consumption here describes his own case in a most graphic style. His account of the benefits to be derived from camp life is very interesting, and will prove valuable to a great number of such sufferers.

His account of the Adirondack region, the means of access to it and his estimate of the expense of invalid life among those grand old mountains, will be found of great value by every seeker after health in Nature's fastnesses.

Of course, every invalid will not be benefited by camp life. The author warns every consumptive to obtain the advice of a competent physician before trying it.

In the case of the author, unfortunately, the "Wilderness Cure" proved to be only temporary. He died about the time his book was published. We regret to lose such a charming writer, but the fact that the "Cure" was not complete or permanent only adds force to many of his suggestions. One of the most valuable being that the invalid should remain where his health improves as long as he is improving. In other words, the consumptive ought not to risk anything by a removal from good hygienic and climatic surroundings. The book is one that well repays perusal.

**AIDS TO DIAGNOSIS.** Part I.—Semiology. By J. Milner Fothergill. Part II.—Physical. By J. C. Thorowgood. Part III.—What to Ask. By J. Milner Fothergill. Each 25 cents. Published by G. P. Putnam's Sons, New York.

These are useful little books. In the first Dr. Fothergill tells the student how to

use his eyes in investigating the condition of patients. In the third he tells him what to ask the patient. Those who study these little books well, and who make good use of what they learn from them, will become abler physicians than those who do not avail themselves of such information.

Dr. Thorowgood, in part II., gives in a compact form the instruction necessary to make "students familiar with the principles of Physical Diagnosis." G. W. H.

**WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS. A TREATISE ON DISEASES OF THE EYE.** By Henry D. Noyes, A. M., M. D., Professor of Ophthalmology and Otology in Bellevue Hospital Medical College, etc., 8vo. pp., 360. Cloth, \$1 25., sold only by subscription. New York: William Wood & Co., 27 Great Jones st., 1881. St. Louis: H. R. Hildreth Printing Co.

This is the December volume of Wood's excellent series for 1881, and is well fitted to be the cap-sheaf of the year's harvest. It is a condensation within very reasonable limits of modern ophthalmic knowledge, presented in a practical, readable manner. It is written from a clinical standpoint, and records the results of the author's extensive experience.

We would again express our approval of the series of 1881. It is the best that has yet appeared, and one well worthy of finding a place in the library of every enterprising practitioner of medicine.

**A REVISED AND ENLARGED EDITION OF CLARK'S NEW SYSTEM OF ELECTRICAL MEDICATION.** By A. W. Tipton, M. D., Jacksonville, Ill., 8vo. pp. 256. Printed by Chas. J. Johnson, Chicago, 1882. Cloth, \$3.00; leather, \$4.00.

This volume is handsomely printed and bound. It contains explicit directions for the use of Faradic electricity according to what is claimed by the author to be the only rational, practical, and successful system. A curious feature—one that will strike our friends of the New-Light-New-York-Code-of-Ethics-School very favorably

—is the giving of the electrical, the homoeopathic and the "allopathic" methods of treatment of all sorts of "diseases," one after the other, on the same page.

We have not tested "Clark's New System of Electrical Medication," therefore we are not, at present, prepared to commend or condemn it. We hope his readers will be able to report as many successful tests of the new method as does the author.

**THE PHYSICIAN'S CLINICAL RECORD** for hospital or private practice, with memoranda for examining patients, temperature charts, etc 16mo. Cloth, \$1. Philadelphia; D. G. Brinton, 115 South Seventh street, 1881. St. Louis: H. R. Hildreth Printing Co.

This convenient note book contains memoranda for examining patients, for examination of internal organs, for examination of the urine, of the symptoms of poisoning, acute and chronic, forms for keeping clinical records of over a hundred cases, blank pages for stencil sketches (model also furnished), showing an outline of the thorax and abdomen; for keeping a record of increase or diminution of tumors, effusions, etc.; and, finally, temperature charts, for preserving accurate records of the temperature curves in important cases of fever.

The book is of convenient size for carrying in the coat pocket, while it is large enough to contain the more important items of interest connected with the more important cases the physician meets with in practice.

Anything which will induce physicians to preserve records of their cases is worthy of commendation; hence, we take pleasure in indorsing this very convenient little book.

**THE OPIUM HABIT AND ALCOHOLISM.** A Treatise on Opium and its compounds; Alcohol, Chloral Hydrate, Chloroform; Bromide of Potassium and Cannabis Indica, including therapeutical indications; with suggestions for treating various painful complication. By Dr.

Fred. Heman Hubbard. 12mo. pp. 259. Cloth, \$2.00. New York: A. S. Barnes & Co., 111 and 113 William street, 1881.

If asked to name the most worthless medical work issued in the Year of Grace 1881, we should answer, unhesitatingly, Dr. Fred. Heman Hubbard's book on the Opium Habit and Alcoholism.

It is without index or table of contents; it is crowded with errors in orthography, in prescription writing, in pathology, in symptomatology and in therapeutics. In fact, it is impossible to read a half dozen of its pages without conceiving a profound contempt for the author's literary and professional acquirements, and for those self-styled critics who have commended it without stint. For unadulterated ignorance we commend Dr. Fred. Heman Hubbard as easily bearing off the palm among medical writers of 1881.

**MEMORANDA OF PHYSIOLOGY.** By Henry Ashley, M. D. (London), Physician to the General Hospital for Sick Children, Manchester, etc. Third Edition, thoroughly revised, with Additions and Corrections by an American Editor. 32mo; pp. 313. Cloth, \$1.00. New York: Wm. Wood & Co. 1882. St. Louis: H. R. Hildreth Printing Co.

This is one of the best of the ever growing family of manuals. As a pocket remembrancer, it is as good as any of its class. We deem all such works inimical to the best interest of the student, for whose use they are designed, but as long as a demand for such books exists, authors and publishers will be obliged to meet it. It is printed and bound in excellent style, and brought up to the very latest period.

**A MANUAL OF ORGANIC MATERIA MEDICA.** Being a Guide to Materia Medica of the Vegetable and Animal Kingdom, for the Use of Students, Druggists, Pharmacists and Physicians. By John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. 12mo; pp. 459, with many illustrations. Cloth, \$2.75. Philadel-

phia: Henry C. Lea's Son & Co. 1882. St. Louis: H. R. Hildreth Printing Co.

Now-a-days the multiplicity of works upon all medical subjects is sufficient to cause authors to explain why they offer a new book for professional consideration.

Prof. Maisch has done this to the following effect: "My aim has been to set forth in a concise form the *essential* physical, histological and chemical characters of all organic drugs recognized by the United States and British Pharmacopœias, together with important old, but now unofficinal, drugs which seem to deserve attention on account of recently revived interest in them, thus making the book a valuable and reliable guide in business transactions."

The book is divided into three parts: I.—Animal Drugs. II.—Cellular Vegetable Drugs. III.—Drugs Without Cellular Structure. The classification is clear and comprehensible. The author does not touch the domain of therapeutics, further than to give medical properties and doses, "as matters of important information."

Altogether, the work is a good one, as was most certainly expected from such an author as Prof Maisch. W. G. M.

**A POCKET BOOK OF PHYSICAL DIAGNOSIS,** For the Student and Practitioner. By Dr. Edward L. Bruen. Cloth, \$2. Published by Presley Blakiston, Philadelphia.

There is much good instruction given in this book. The student and practitioner of medicine can profit by its careful study.

G. W. H.

#### LITERARY NOTES:—

**DR. GERRISH'S TRANSLATION** of Lucas-Championnière's "Antiseptic Surgery," published by Messrs. Loring, Short & Harman, of Portland, Maine, and noticed in our number for last December, is sent to any address by the publishers for *two dollars*, instead of \$3.50, as then stated. We make this correction very cheerfully, as

from the appearance of the volume and the great value of its contents, any one would be justified in estimating its cost at even a higher figure than the one we gave. Two dollars is a nominal price for such an elegant and valuable volume.

"AN ILLUSTRATED GUIDEBOOK FOR MOUNT DESERT ON THE COAST OF MAINE," by Mrs. Clara Barnes Martin, is one of the handsomest volumes of the kind we have ever seen. It contains over a hundred pages of text, five full-page photographic illustrations of scenery, and an excellent map. We cordially recommend it to our friends who make the sea-side a resort in the summer months. Price, 75 cents. Published by Loring, Short & Harman, Portland, Maine.

THE *American Journal of Obstetrics and Diseases of Women and Children* adds a *Monthly Supplement* to the attractions of Vol. XV., which began with the number for January, 1882. The *Supplement* is supplied only with the *Journal*, and both the quarterly and the monthly are furnished to the advance-paying subscribers for five dollars per annum. The January *Supplement* contains Society Proceedings, Abstracts and Book Reviews. These two journals are indispensable to any practitioner who devotes any special time to obstetrics, gynecology or diseases of children. Published by Messrs. Wm. Wood & Co., 27 Great Jones Street, New York.

THE *American Journal of Neurology and Psychiatry* is the latest and, in many respects, the best recent addition to American medical literature. It is a quarterly, appearing in February, May, August and October, and each number will contain at least two hundred pages of reading matter. The February number is before us, and contains a large amount of excellent matter. Among the names of authors of original papers in this issue, we note Drs. Landon Carter Gray, E. C. Spitzka, V. P. Gibney and A. H. P. Leuf. The Editorial

Notes are brief and pointed. The Review department shows independence, and impartiality on the part of the reviewers. A summary of Exner's recent remarkable paper on cerebral localizations is given, which alone is worth a year's subscription to the *Journal*. The reports of society proceedings are short and really interesting—what cannot be said of most of this kind of literature. The Quarterly Report on Progress in Neurology is very full, and practical in character. "The Somatic Etiology of Insanity," by Dr. Spitzka, is given as the supplement to the *Journal*, sixteen pages being given in this number, pagged separately from the body of the *Journal*, for binding by itself when completed. It will be remembered, that this essay won the W. and S. Tuke Prize of the British Medico-Psychological Association, awarded in 1878. This prize was open to the world, and it is a matter that Americans may well be proud that it was borne off by a fellow-countryman. This essay has never been published by the Association, and the author has revised it and brought it up to date before issuing it. It is undoubtedly the best essay on the causation of insanity which has ever been written.

The *Journal* is edited by Dr. A. T. McBride, assisted by Drs. Landon Carter Gray and Edward C. Spitzka. Published by B. Westermann & Co., 838 Broadway, New York; subscription, \$5.00 per annum; with the CLINICAL RECORD, \$6.00, cash in advance. We have no doubt but that the *Journal* will meet with the success its great merits ought to command.

THE *Rocky Mountain Medical Times*, a model of handsome typography and of excellent editorial work, succeeds the *Rocky Mountain Medical Review*, of which we had occasion to speak in the highest terms two years ago. The talented editor and founder of the *Review*, Dr. A. Wellington Adams, having removed to Chicago, the work of issuing the journal devolved upon other hands, and very competent ones they have

shown themselves. Each number contains 116 pages, filled with good material, and presented in the best style of journalistic art. Edited by Drs. Thomas H. Hawkins and F. A. E. Disney, and published by Edwin Price & Co., Denver, Colorado. Subscription, \$3 per annum.

THE *American Medical Digest* is a very handsome monthly abstract of current medical literature. It is divided into three sections, each paged separately, devoted respectively to Medicine, Surgery, and Diseases of Women and Children and Obstetrics. It is printed from large type, on fine, thick paper, and the selections are made with much discrimination. It is edited by John C. Lester, A. M., M. D., and the contributors are Drs. A. J. C. Skene, J. C. Shaw, S. Mathewson, F. R. Sturgis, George Henry Fox, and Charles Jewett. Published by H. Campbell & Co., 21 Park Row, N. Y. Subscription, \$3 per annum.

VICK'S *Floral Guide* is the handsomest and most valuable compend for the horticulturist and florist that we have ever seen. Sent to any address on receipt of ten cents in stamps, by James Vick, Florist, Rochester, N. Y. We have tested the seeds furnished by this grower for several years, and have always found them true to name and perfectly fresh and reliable.

THE *North American Review* for January, is of especial interest to all medical men. First appears a series of articles on the "Moral Responsibility of the Insane," by J. J. Elwell, M. D., George M. Beard, M. D., E. C. Seguin, M. D., J. S. Jewell, M. D., and Charles F. Folsom, M. D. These discuss this interesting question from every point of view and should be read by every physician. "Shall Women Practice Medicine?" by Dr. Mary Putnam Jacobi, is a full and fair presentation of the question by a woman who has made her mark as a talented writer and able practitioner. The other articles are "The New Political

Machine," by Wm. Martin Dickson. "The Geneva Award and the Insurance Companies," by George B. Cole; and "A Chapter of Confederate History," by F. Ruffin, which will be read by those who fought on both sides alike. The *North American Review* is a work which every intelligent man can peruse with both pleasure and profit. Published at 30 Lafayette Place, N. Y., at \$5.00 per annum.

THE *Popular Science Monthly*, for 1882, continues to keep up the high order of excellence displayed in previous years. The January number contains a large number of excellent articles, among which we note with special favor: "Earth Worms and their Wonderful Works," by W. H. Larrabee; "Sanitary Relations of the Soil," Part I, by Dr. Max von Pettenkofer. "The Chemistry of Coffee and Tea," by Albert B. Prescott; "The Bunson Lamp," by H. P. Armsby; and a sketch (with portrait) of Prof. John W. Powell. A new department—Entertaining Varieties, is commenced, which promises to be very interesting.

The February number is equally valuable. Among the more important papers are: "The Seven World Problems," by DuBois-Raymond. "Dreams and the Making of Dreams," by Dr. Mortimer-Granville. The second part of Von Pettenkofer's paper. "Epidermic Convulsions," by Dr. D. W. Yandell, of Louisville; and the "Fundamental Problems of Physiological Chemistry," by Dr. Edmund Dreschel. Entertaining Varieties and Editorial Departments are unusually good. Published by D. Appleton & Co., N. Y. Subscription, \$5 per annum.

#### BOOKS AND PAMPHLETS RECEIVED.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Instituted 1847. Vol. XXXII. 8vo. pp. 684. Philadelphia: Printed for the Association. Collins, Printer, 705 Jayne street. 1881. From the Treasurer.

# ST. LOUIS CLINICAL RECORD.

*A Thoroughly Independent Medical Journal.*

VOL. VIII.

ST. LOUIS, MARCH, 1882.

NO. 12.

## Original Lectures.

### SHALL WE HAVE A HIGHER STANDARD OF MEDICAL EDU- CATION?

*A Valedictory Address Delivered at the  
Third Annual Commencement of the St.  
Louis College of Physicians and Sur-  
geons, Feb. 28, 1882.*

BY ROBERT M. KING, A. M., M. D.,

Prof. of Physiology, Histology and Clinical Medicine.

GENTLEMEN OF THE GRADUATING CLASS,  
LADIES AND GENTLEMEN:—The duty of  
representing the College of Physicians and  
Surgeons in a public address on this occa-  
sion has fallen to me. And first, for myself,  
for my colleagues in the Faculty of the insi-  
tution, and for its Trustees and constantly  
widening circle of devoted friends, allow me  
to thank this large and cultured audience  
for the interest manifested in our success by  
your presence here this evening. And for  
my professional co-laborers, for your own  
private and personal friends now present to  
witness the consummation of your prepara-  
tory professional labors, for myself most  
heartily I do congratulate you, gentlemen  
of the graduating class, upon reaching this  
important epoch of your lives, at once mark-  
ing the terminus, and in one sense consti-  
tuting the goal of your hopes; and in  
another and a very important sense, mark-  
ing the beginning of your career as (I will

not say competitors for medical honors and  
emoluments), but as ministers of, and to,  
humanity.

The question I propose treating to-night  
is this: "Shall we have a higher standard  
of medical education?"

During the months of February and  
March the medical schools of this city will  
graduate about two hundred pupils. You  
will be startled, ladies and gentlemen, when  
I tell you that fully ninety per cent. of that  
number are very partially and defectively  
educated in all branches outside of medi-  
cine. Embarking in a profession which  
demands in its votaries a wide and catholic  
culture in order to offset bigotry, and to  
prevent a blind and selfish devotion to the  
standards and traditions of the past, these  
young men will be in imminent danger of  
sinking the breadth and comprehensiveness  
of the *true* physician into the routine nar-  
rowness and sectarian unprogressiveness of  
the "Hardshell Pathist."

The true physician cannot be confined to  
the narrow walls of medical sectism. He  
allows no man or set of men to brand him  
as the blind slave to class prejudice or party  
usage. You are not, young gentlemen, to  
go forth from these walls as Allopaths,  
Homœopaths, Hydropaths, Physiopaths,  
Electropaths or Eclectics. Slaves to no  
sect, "you take no private road," but burst-  
ing the shackles of creed—

"You welcome truth wherever to be found,  
Whether on 'regular' or 'irregular' ground."

If one should ask you individually: "To what  
school of medicine, Doctor, do you belong?"

Answer: "Sir, I was graduated at an institution known in common parlance as 'Regular,' inasmuch as its teachers refuse to ride hobbies or exalt certain pet notions into unwise and unphilosophical prominence and importance, but it is my pride and pleasure to announce myself as a *physician* — as one who is willing to learn even from an enemy, 'Fas est ab hoste doceri;' who refuses not the grains of truth to be found amid the chaff of ephemeral systems; who is anxious to appropriate the germ of saving truth or wise suggestion in every bubble school that rises and glistens on the flood of time, only to burst after a season and pass away, leaving as a heritage to those who shall come after but the truth of truths which needed to be specially emphasized and burned into the recognition of the profession as a whole." The true physician is both conservative and progressive. While tenaciously retentive of that which time and usage have approved as excellent, he patiently and narrowly scrutinizes, not with baleful but hopeful vision, whatever claims, with fair semblance of reason, to add to his power, influence and authority as a practitioner of the healing art. He studies "Allopathy," *if there be such a system*, not to become an allopath, to extract its beneficent principles and absorb its powers. He examines the claims of Homœopathy, Hydropathy and every other *narrow-gauge* and *one-idea* system in the same way, fired with the controlling desire to make everything contributory to the grand purpose of relieving the sufferings and healing the physical maladies of his fellow-mortals. Yea, even the prescription of some old woman who may accidentally have stumbled upon a remedy, is not beneath his notice, if on examination the principle is reasonable, the test thorough, and the result satisfactory. He who creeps into the shell of a "pathy" and drops the portcullis has forever cut himself off from the possibility of progress, except in the narrow line of still further emphasizing the principle to which his sectarian organization owes its

existence. All such movements will necessarily die. The neglected principle which their movement lifts into its normal place in the line of regular thought, will not longer vitiate the body after its proper conspicuity and recognition have been secured. This done, the body that has been galvanized into factitious life enters upon the period of decadence, gradual decrepitude and ultimate death. No body can demand and obtain separate existence as clamorous upholders of a principle, when that principle has once drawn to itself the attentive consideration of the conservative members of society as a whole. An intense localization of force at some point may be necessary at times, and doubtless is, but the time will come for dissipation, absorption and equalization, and the force center's office is gone until another need shall arise. I might thus philosophically seek to account for the sporadic and irregular medical movements of the present century. In every cometary movement of this character there is some plausible nucleus, however gaseous, after which the long and glittering train sweeps before admiring eyes; but however near to the sun of absolute truth it may come and whatever valuable office in the economy of things it may perform, it gradually fades from the straining vision and "darkles off into immensity," swallowed up by the voracious maw of emptiness. But the steady stars of truth coldly, yet kindly looking on from the far reaches of the eternal firmament do not disappear. No truth can be lost and no lie can finally triumph. There is a power in the universe that makes for righteousness in medicine, as in theology, morals or spirituality. In fact, *all truth is one*, for God is truth.

Let it be your honest effort, then, young gentlemen, to know the truth and "the truth shall make you free." Let no "pent up Utica confine your powers." "The whole, the boundless universe is yours." Do your own thinking, and let no man or set of men fetter your intellectual energies,

debar you from any path of investigation, or hamstring your reason. Bring to the cold and patient test of experience and experiment all specious theories, and let not the glamour of great names or the seduction of honeyed style and impressive rhetoric induce you to adopt and approve before subjecting to the crucial test of your own personal inquisition, discussion and elaboration. Truth avoids the grated cell of bigotry, and avoids the slippery and uncertain road over which the pompous radical struts in all the glory of his emancipation from the teachings of the fathers and of his compatriots, and in the overweening conceit of his broad-gauge vanity.

Truth takes the middle course, she looks with deference, respect and tenderness into the past; she is heir of all the ages, and, therefore, "foremost in the files of time;" she looks upon the present with appreciative and assimilative eyes, and into the future with calm and rational, though meekly joyous expectancy.

My statement, as to the lack of scholastic training and literary culture in the graduates of this city, will apply to every medical center in the United States. Can this statement be made of the graduates in theology, law, or any other of the learned professions? Does the practice of medicine require less brain-power and a lower degree of culture than these, or admit of beneficent and successful application upon the basis of an imperfect education—while these demand elegant and exhaustive preparatory training of every faculty of the intellect? Is Voltaire's sneer, "that the science of medicine consists of doctors introducing drugs of which they know little into bodies of which they know less," to be received as the consensus of the ages? The system that turns out so many men as M. D.'s who are incapable of writing an ordinary letter without gross infractions of grammar and spelling book—who cannot, in many instances, make simple calculations in arithmetic without laborious

lateral protrusions of the tongue, after the manner of a child painfully writing his first copy, and who recklessly violates all orthopedical restrictions and limitations, must be fundamentally wrong, and if wrong, can we who have hoisted the standard of medical reform and who most earnestly desire to elevate the profession in public esteem, can we, I say, foster and perpetuate it by our silence or connivance? Can we wait with patience the slow coming but inevitable verdict of popular approval, or shall we be driven from our lofty position by the mad scramble of competitors, who in efforts to gain patronage and power, lower the standards of admission and graduation, and, perhaps, dock the attendance of time? Can we, with sublime fidelity to principle, and in utter contempt of those emoluments which are, indeed, base when gained as the price of prostituting the "healing art" and making merchandise of the gospel of physical salvation—can we, I repeat, wait until slow-going truth shall brush the mists aside, and this institution stand revealed as one of the prime movers in America of this most desirable reform?

The time will come, nay, has in a measure already come, when our diplomas will indicate unusual thoroughness and preparedness, and to that extent will smooth the young practitioner's way into public confidence and paying practice. Error, my friends, is ever blind to its own interests, with greedy glare and itching fingers, it sees and grasps the present, often killing the goose that would lay the golden egg—while reticence that knows how to labor and to wait, scans the far horizon and sees hands beckoning to bowers of ease in the not too distant future.

Are not the colleges around us blind to their own interests? Could we act with concert of action and lift the standard of medical education in the regular, unsectarian, "no pathy" medical profession in St. Louis to a high and enviable position, what would be the consequence? For a

short time our patronage would be less, for a year or two we might suffer pecuniary loss, but just so soon as known generally that a diploma obtained in St. Louis meant something, just as a university titular endowment or conferment means more than the same degree conferred by an obscure crossroads institution—why, to our city the students would come flocking, and this would become within a few years the medical center of the Western Hemisphere.

This institution has taken the progressive step. In so doing, it loses for the present its equal chance for popular support, which ever seeks the easier, shorter, and cheaper road—but our success is not left to conjecture if our action originated in enthusiastic devotion to our art, and was not the clap trap advertisement of pretentious charlatans.

The projectors of all reforms are unpopular. They must go outside of the camp bearing a reproach. Misconstrued and maligned they will be, but the prophet poet cheers them by showing—

“Step by step, since time began,  
The true and steady gain of man.”

And that—

“Firm endurance wins at last  
More than the sword.”

And that “the sleepless eyes of God look through the night of wrong,” and bless every enterprise that is intended to aid humanity in its forward and upward marches.

“Thus believing, we will wait  
’Till fortune opens her golden gate,  
And brings us to our higher state,  
Content to win, however late.”

It might be asked: What real good to the aspirant for medical honors is effected by an academic course of reasonable thoroughness and vigor preliminary to his passing through the curriculum of the medical college? This is a fair and obvious question, and I proceed to answer it with equal candor. (1.) The preparatory training has formed habits of patient, studious

investigation which the student brings with him, and which with “open sesame” fling wide our treasures at his call from the date of the first lecture. (2.) He thus avoids the weeks of mental and physical distemperature and chaos through which the untrained person passes in efforts to subdue his gamboling fancies to the gentle jog-trot of persevering application. (3.) In the next place, the real and positive addition to his powers of concentration, continuity, ratiocination, logical and discriminative analysis, powers of retention, knowledge of the meaning and use of words, familiarity, in a rudimentary way, at least, with philology, and the shades in the application of words thence arising, constitute no contemptible items of superiority over his classmate, however diligent, who has been deprived of these auxiliaries. (4.) Does not early training, also, during the formative period of the brain, materially increase its volume, or density, or fineness of fibre, and therefore, on the unmaterialistic hypothesis, give to the spirit, the real man, a better instrument or more powerful battery through which to act in its investigation of things or communication with the outer world? And when we insist, therefore, on an initiatory examination, do we not, incidentally, secure a higher style of man, and therefore, in the end, a higher style of doctor?

But, I forbear to exhaust your patience, though I have by no means exhausted this branch of my subject. How is it, my friends, that in this great land of ours—this land of which the poet, scarce a half century ago, sang—

“I hear the tread of pioneers of nations yet to be,  
The first low wash of waves where soon shall roll a human sea;”

and where the human sea already rolls—yea, has rolled across the Rockies and Sierra Nevadas, until in reality our frontier is a sea-washed wall—how is it, I say, that

with all our wealth of resources, of gold-bearing hills and fertile valleys, and with all our restlessness under any assumption of superiority by the "effete monarchies" (as we love to style them) of the old world, that the medical profession and medical colleges of America cannot brook comparison with many of them beyond the Atlantic? Why, for example, the undeniable superiority of the German schools in medicine as in everything else? Let us, as Americans, sit not down in inglorious ease, content to see the laurels and bays worn complacently by those schools without a single effort to share the honors and divide the spoils.

Some one has cried, beholding the sad declension of the Italian schools: "Let Italy, the former home of medical science, awake and restore the fame of her 'Padua.'" And I, too, cry, let our own dear country, the lusty, young giant among nations, awake and claim the medical precedence and superiority which she can as readily gain and hold, as she has already gained and held, the first rank in other departments of human culture, as, for illustration, in mechanical arts and inventions, in state-craft, newspaper enterprise, engineering and diplomacy.

And now, ladies and gentlemen, you will bear with me a moment while I make a comparative exhibit of the tenuous and gauzy requirements of the American two-term institutions on the one hand, and the broad and liberal foundations exacted by our European contemporaries on the other. What do our two-term institutions demand as prerequisites to matriculation? I will answer: (a) an ordinary English education, and (b) a fee varying from \$50 to \$140. It would be remarkable "ordinary" education indeed that would result in the candidate's rejection with most medical colleges, provided he could attend promptly and satisfactorily to the other condition. I can sum up the matter by saying that most institutions act with rigid integrity up to the strict letter of their published requirements. 1.—The candidate must have an

"ordinary" English education, and he usually has a very "onery" one, as it is vulgarly called. 2.—He must bring the fee, and this part of the ceremony is rarely omitted; and next, what are the usual prerequisites to graduation? I answer: two short terms of four months each, and a final examination of head and *pocket*; for there is a parting fee of twenty-five dollars demanded for a diploma, which, if written in latin, not one per cent. of the graduates can translate into fair English. Think of it, for a moment, a raw and untrained mind "accoutered" with an *ordinary* English education, steps into the *arena*, and amid all the distractions of a great city, wrestles with chemistry, physiology, anatomy, surgery, materia medica, etc., and at the expiration of that time, having plumbed the mysteries of medical science, and being saturated as it were with knowledge, passes a very "satisfactory" final examination, the professors certifying to the extent and respectability of his attainments—and nought remains but to receive the sheepskin which shall bear testimony to his merits and perseverance. But a little pecuniary arrangement involving the transfer of twenty-five dollars is still necessary, or the candidate would depart with nothing to show for his Herculean wrestling and Titanic cramming but the presence of a vast mass of crude and undigested matter in his mental stomach. And now what a refreshing contrast to the ignoble and disgraceful haste in the conferment of a degree that should mark its possessor as a man of more than average mind and average culture, do we behold when we turn our eyes from the mad scramble for the most students, indulged in by nearly all American two-term institutions to the broad foundation and liberal culture so conspicuously exhibited in the requirement to matriculation and graduation resolutely and unflinchingly adhered to in the German medical colleges. What are some of the requirements? First, a thorough academic course, equivalent in breadth and depth to that

afforded by our St. Louis High School, and the preliminary examination to the medical course is rigidly insisted upon. The period of instruction in medicine is generally five years—the terms extending over ten months of each year. The first half of the student's medical course at the college whose diploma he solicits, must be devoted to subjects which are fundamental, as anatomy, chemistry, *materia medica*, as well as the collateral branches of medicine. Certificates of vigorous attendance upon the lectures on these topics are required before he is accredited with the hospital course.

At the conclusion of his student course, he is examined not only on the theories of medicine, but his practical knowledge, readiness and special adaptedness to the calling attested at the bedside, upon the cadaver, in the laboratory and in the post-mortem rooms. How is it in Great Britain? Take, for example, the College of Physicians and Surgeons.

"The requirement for a licentiate in one and membership in the other are a four years' course of study, including two years of hospital experience. There is a preliminary examination in English, mathematics and in the classics; there is an intermediate examination in anatomy, physiology, *materia medica* and botany, and a final examination in the practical branches of the art, in which the student's proficiency is tested orally, by writing, at the bedside and in the laboratory." Now, I may be asked if this is not too rigid? In some respects I might vary it somewhat, but, in the main, I would say no.

Our lawyers, in addition to prior literary training, usually receive a three-years' course in the law school, terms covering not less than nine months of each year. Our doctors of divinity, in most cases, receive a thorough academical and collegiate training, and then pass three or four years at the theological seminary, receiving special training for their future work. Turning to my own profession again, I ask: Are

these requirements more than commensurate with the gigantic interest involved, to-wit: the saving of human life, and the prevention of human suffering? To ask, is to answer. Again, I may be asked: Cannot a man who, in the strict sense of the word, is uneducated, become a good physician by zeal and application to the work? I have known individuals of talent who succeeded in law, medicine and the ministry, who have not received more than a very superficial preparatory training. But, I ask, would not their success have been decidedly greater, had they gone into the conflict with the equipment of trained faculties?

If a man has sufficient force and mental brawn to thrust aside with sturdy arms the environment of hostile circumstances while in comparative ignorance, what would he not effect if he goes into the conflict with every power in tension, and every assimilative faculty stimulated to the point of highest receptivity?

Parson Brown, an eccentric but able minister, was once interrogated by a candidate for the ministry, in these words: "Parson, what are the requirements for a minister?" "Grace, learning and common sense," replied the parson. "Grace you can obtain through prayer, learning we can give you in our seminary, and common sense is the endowment of God; and if destitute of that you had better turn back now."

The prevailing system of medical education in America is about the same as if the "mathematician should begin with trigonometry, the chemist with organic matter, or a person commence the subject of mechanics with a steam engine." The course of studies should be extended at least three years, and certainly we are not demanding too much when we insist upon the graded course. The fundamental branches, anatomy, physiology and chemistry, upon which the superstructure of a scientific medical education rests, should be taught first, and advancement made, step by step, "by a gradual, progressive and logical method," until the

student is prepared to grasp the intricacies and subtleties of disease, and to base a rational, therapeutic system upon the knowledge acquired from previously learned elementary principles.

The acquirements of a thorough preliminary education "not only strengthen the perceptive powers, but carry with them well-trained reasoning faculties." Elevate the standard of a preliminary education and you "lay the foundation for as much stability as can accrue, probably, in an art made up of such a variety of varying factors."

Why is it that our diplomas on this side of the Atlantic, among scientific and educated men, represent so little?

Because of the low standard of medical requirements. Why do so many medical colleges dot the land, thick as leaves in the valley of Vallambrosa? Because our laws are reprehensibly defective and indifferent to public welfare, and our legislators inadequate to the responsibilities that rest upon them. Why is it that so many medical students are ground out annually, sent forth in too many instances, "to the slaughter of the innocents, as reckless squanderers of drugs and, it may be, as scourges to men more fearful than pestilence itself?"

Our educational advantages should be a "living fountain of knowledge for all generations," from which may come the scientific medical men of the age.

Surely we are not asking too much when we insist on the graded course, a fair knowledge of the English branches and the classics—three terms of four months each and a preliminary examination.

This is little enough, but it is a step in advance and represents the principle of progress. And when we can get the colleges to three terms as they have promised in 1883, we are then ready for another step in advance, and by thus being united in agreeing upon the graded course, we shall give a new impulse to teaching and art, especially to medicine.

All departments of life are teeming with

skilled workmen; let us, therefore, raise the standard of medical education that it may keep pace with "the rapid improvements in mechanical arts, general education and the sciences."

Voltaire says that men who occupy themselves with studies and efforts to give health to others from the sole principle of humanity should be ranked far above the grand of earth, "They are kindred of divinity." He says, "For to preserve and repair is nearly as admirable as to create." Our own individual interests demand it. The honor of the profession will be secured by it, and the good of humanity calls for it. The thousands of young men who leave our shores to seek a higher medical culture demand it.

The College of Physicians and Surgeons, founded in 1879, has matriculated ninety-six students. Of that number twenty-eight have received our degree.

The institution is founded upon the progressive basis, and is enlisted in the interest of reformation, advancement and a higher culture. The feasibility and polity of the two terms have been discussed at our Faculty meeting and rejected; and I am glad to state to-night we stand as one man, determined to put forth our utmost energies to secure a higher standard of medical education in the future.

And now, young gentlemen of the graduating class, a parting word with you. I hope you will carry out into the great world as kind recollections of your preceptors as we shall retain of you. Be growing men; cultivate your perceptive and reflective powers; keep abreast of the medical literature of the day; strive to look through nature, up to nature's God, and earnestly work for a harmonious and symmetrical development of all your powers, physical, mental, spiritual. There is a trinity in man, and he only approximates the perfect man who cultivates with assiduity *all* the powers of his complex organization. Be fearless; let your courage rise as a lion's

mane in the presence of difficulty; let your trained energies leap upon obstacles as the thunderbolt darts upon the oak and dashes it in splinters from its pathway; cultivate character, "for a great character is as a coat of triple steel, giving security to the wearer, protection to the oppressed, and inspiring the oppressor with awe."

"In all thy converse be sincere,  
Thy conscience as the noonday clear."

Strive to be *gentlemen*—courteous, refined and kind. Let your sympathies go out to all forms of suffering; never forget the kindness of the man in the function of the physician. Make every effort to acquaint yourselves with the constitutional peculiarities of your patients, so that your exertions in their behalf, however suddenly evoked, may be wisely and efficiently directed. Abhor all underhand and pettifogging devices. Make yourselves men, and your work will be gradually but permanently recognized, and a competence will finally reward your efforts.

You go forth, then, with the benedictions of this young, but lusty institution; the kind, personal regard of its officials; and for myself, as a Christian man, I invoke upon you and your careers the benison of Almighty God.

## ARTICULAR LESIONS.

### *A Clinical Lecture.*

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## II.

An abundant clinical material has enabled us to present articular diseases in varied aspects.

Whilst the details of each individual case have found due weight and consideration in previous lectures, we now propose to occupy your attention with a general retrospect. We hope thus to elaborate the

principles by which to judge and manage this class of maladies.

CAUSATION OF JOINT DISEASES, is the first subject of our discourse.

You are aware that we entertain definite views on this topic. Tradition has had no part in shaping them. They are the result of long and patient investigation. Their correctness has been tested at the bed-side and thus they have grown into axioms.

Since we deny the right of dogmatism in natural science, and since we recognize no other authority than stubborn facts, we are bound to account for the premises upon which we have based our ætiological views.

In order to facilitate their understanding, we have reduced them to the following aphorisms:

I. *Constitutional diseases are invariably multilocular* in their manifestations.

II. The *subsidence* of constitutional diseases *terminates* their local manifestations.

III. The *continuance of local manifestations*, beyond the subsidence of the general cause, depends on morbid conditions of a *strictly local character*.

IV. A *unilocular affection* is *prima facie* evidence of a *local disease*, engendered and perpetuated by local causes.

V. *Monocular affections* giving rise to constitutional disturbances stand in the relation of cause to effect.

VI. The strumous disease is the creature of pathological speculation, and has no reality in fact.

Although these aphorisms are of general bearing, they refer equally and pointedly to joint diseases. We will now discuss them *seriatim*.

APHORISM I.—We apprehend no controversion of the first aphorism, it being self-evident. cursory observation furnishes abundant proofs of its affirmation. Your attention has been frequently directed to such phenomena. Is it not remarkable that so obvious and important a truism, for the discrimination of constitutional and local

diseases, should have been ignored by the profession?

APHORISM II.—We might have framed this proposition still more briefly, by the well-known adage: With cause ceases effect; but we deemed it appropriate to give it special prominence. Its practical meaning will become more apparent.

APHORISM III.—We could not better exemplify this axiom than by relating the case of a machinist, lately under our observation. The patient had been subject to an acute attack of rheumatism, successively compromising the larger joints. When the paroxysm terminated, all but one of the articulations became relieved. In this—the left knee joint—the original disease must have effected some enduring structural changes. The attending physician tried in vain to eliminate the difficulty, by the most approved anti-rheumatics. Apprehensive of ankylosis, he advised active and passive motion of the afflicted joint. It was faithfully complied with until ensuing aggravation rendered it unbearable. At this juncture, Prof. Wm. G. Moore was called in, who recognized at first sight the absolute uselessness of medication, and referred the case to the surgical department.

The general system of the patient had suffered greatly and was still harrassed by the consecutive fever, cutting down his strength and weight. The articulation tender on motion and touch; double its normal size and presented all the attributes of the so-called white swelling.

The very fact, that the anti-rheumatic plan had failed completely in relieving the affected joint, proves very conclusively that there was no further connection between the articular disease and its original cause. Probably the joint would have gradually recovered its integrity, if time and rest had been extended and no interference indulged in. Constant mobility had evidently intensified the local lesion. As such, we conceived and treated it. The extremity was

fully extended; the knee joint immobilized by plaster of Paris bandages and veneer splints. We would have gladly placed the patient under anæsthesia and protected him against the intense pain, which this procedure entailed, but he refused to submit. With the rest of the joint, sleep and appetite returned and the reflective fever subsided. In a fortnight, the bandage was renewed, on account of the lessened intumescence. In eight weeks the patient resumed locomotion on crutches and a month or so afterwards returned to his avocation.

The result of this *absolute local mechanical treatment* is a further proof of our diagnosis.

We could adduce numberless instances in evidence of the third aphorism, but it would be waste of time.

APHORISM IV.—In this aphorism we approach a strenuously disputed theorem. The number and quality of surgeons is quite considerable who deny *in toto* the existence of idiopathic joint diseases. Persistence and aggravation of these diseases are referred by them to a hypothetical diathesis or rather dyscrasia. Even if injury has preceded the disease, the diathesis is charged with influencing and deteriorating the natural efforts of repair. This etiological theory has prevailed for more than a century and has clogged surgical advancement. Although the outcropping of the humoral pathology, this theory has held its sway over the physiological school. Its foundation has been set aside; the *Deus ex machina* eliminated; the specific treatment abandoned, but the name retained. The errors of the past have proven more tenacious than the teachings of modern times, based on undeniable evidence. Goethe says: "Where knowledge is wanting words are employed."

No surgical subject has made greater strides in extending our knowledge than the pathology and treatment of joint diseases. We know, with some degree of mathematical certainty, why joint diseases

preponderate in childhood; and why, with the perfection of the skeleton, the increasing knowledge of danger, in adults, these diseases are comparatively infrequent. We know, with equal certainty, that the persistence and progressive aggravation of articular disease, chiefly depend on want of physiological rest, and by according it to the affected articulation, we are able to control both; without referring to that mysterious morbid agency—the strumous disease.

The case before us (A), is the logical contradiction of the obsolete humoral theory. No better exemplification of the correctness of modern teaching can be adduced. Here is the patient, that seemed to be the very prototype of scrofulous deterioration; reduced, enfeebled, bedridden and tortured as he was when admitted to our clinic, he now appears before you, restored to general health; all his vital functions in perfect order; his joint relieved; malposition of the extremity redressed, and the large abscess vanished without a vestige remaining. From the very moment that we secured physiological rest for his diseased hip-joint he commenced to improve, and his recovery has been steady and persistent.

Now, gentlemen, the facts thus developed under our very eyes, clearly demonstrate that in his case we had to deal exclusively with a local affection, and against which local means alone were applied. The constitutional disturbances noted in the beginning, were thus clearly demonstrated as of a consecutive nature. No improvement of hygiene, diet, no alteratives or tonics could have changed the aspects of the case without the physiological rest of the joint, which impelled the progress of the disease. And yet there was no change in the domestic condition of this patient; his parents were poor when he came to us and they have not changed since. They still occupy the same premises. In one word, the external circumstances of the child are exactly the

same; nevertheless, he has completely recovered, and will soon be allowed to lay aside his crutches.

In his case, as, in fact, in most articular diseases of childhood, traumatism is the provoking cause. On careful inquiry, we generally succeed in disclosing accidental causation, but it is quite common that the effects of accidental injuries do not always appear forthwith. Sometimes the mishap is slight, and would have passed off if the danger was immediately recognized, and averted by appropriate means. It takes weeks and even months, occasionally, of interrupted locomotion to arouse the slumbering seeds of disease. This peculiarity has misled the best of observers into seeking the causation elsewhere.

Here we have the upper third of the tibia of a lady, who fell down stairs five years before her leg was amputated. She had fallen upon her head rendering, her senseless, and upon this symptom all care was expended. A little bruise about the upper third of the tibia was noticed at the time, but attracted no further attention. Yet this trivial injury below the knee became the nucleus for a large abscess, occupying the entire head of that bone. During five years she had suffered no inconvenience, and only then remembered the previous injury when we inquired for traumatism. You see, gentlemen, that years may elapse before the ulterior results of accidents may develop to such a magnitude as to require serious surgical interference. But even if we should fail in eliciting traumatic causation, we are not justified in assuming their absence, since *unilocularity points to local causes*, and since the anatomical structure of infants constitutes a prominent susceptibility to mechanical injuries.

**APHORISM V.**—At no time have we denied the occurrence of constitutional joint diseases. We have contested their comparative frequency and their unilocal manifestations. These views have grown stronger. Whilst we accept multilocularity

as a pathognomonic evidence of constitutional disease, we insist that unilocularity is an equally convincing proof of idiopathic ones.

The one is preceded and attended by general perturbations; the latter is free from premonitions and constitutional concomitants. When these eventually become superadded they receive their promptings from the state of the local disease and are proportionate reflexes therefrom, receding and advancing with the local process. Constitutional and local affections may co-exist and more or less influence each other. The exact diagnostic measure of such influence has not as yet been established.

Quite a number of joint troubles may arise, exist for some time and terminate without exciting the least systemic disorder. Progressive inflammation, suppuration and the disintegration of the different anatomical components of joints inevitably compromise the general health.

The pain attending these lesions becomes so intense as to interfere with locomotion and rest. The inflammatory pain is fixed; the least motion intensifies it. The paroxysmal pain arising from reflex spasm of dependent muscles is, as a rule, nocturnal and deprives the patient of sleep. Whilst the one consigns him to the sick chamber, the other makes his couch a *Procrustes* bed.

The fever stirred up by an intense inflammation, like fevers in general, consumes the substance and reduces the weight of the body. And whilst suppuration is preparing and going on, the system is exposed to all the incidents and consequences of purulent absorption, emboli, metastatic abscess, amyloid degeneration of kidneys and liver, and a number of morbid eventualities which shake and threaten the constitution.

As already stated, these constitutional disturbances are *pari passu* with the local ones, and unless they have themselves proceeded to a certain degree of pathological independence they disappear with their cause. In this dependence of the general

symptoms on their local causes, we recognize the undeniable evidence of the idiopathic character of the articular affection.

APHORISM VI.—Our views on this particular question have been put on record in so decided and prominent a manner that we refrain from repeating them here. But a little episode should be produced in this connection which happened in the Ninth Surgical Congress, held in April, 1881, at Berlin. The subject of articular tuberculosis engaged the attention of this learned body for some time and gave rise to a very spicy discussion. Prof. Sonnenburg had frequently observed tubercular disintegration in suppurating joints in patients of healthy parentage, antecedents and appearance, who recovered perfectly without any constitutional invasion. Prof. König admitted the same of a goodly number of his patients. Prof. Klebs maintained that the microscope could not be admitted as a conclusive authority, since syphilitic ulcerations produce the very same structural changes, known as tubercular histology. The true nature of tubercle could only be proven by injections of healthy animals, in which axiom Prof. Hueter coincided. Thereupon Sonnenburg stated that artificial tuberculosis could be induced by varied materials; among others, by pure and benign pus; therefore inoculation could furnish no proof of constitutionality. Thus the discussion waved to and fro, becoming more inextricable with every new speaker or argument, and at last was abruptly closed by Prof. Thiersch (admitted to be authority on this very subject), "that further labors and experiments were requisite before this vital question could be adjudicated." When to this admission of the leading men of the profession, who are constantly laboring in the elucidation of this rather mysterious subject, comes the emphatic declaration of Prof. Rokitsansky, "that there is no specific pathological anatomy of strumous disease;" when one of the latest authors in Ziemssen's *Cyclopædia* declares "that there is no

stated ætiology, symptomatology or specific treatment for this so-called strumous dyscrasia;" then, gentlemen, it seems to be in order to rid ourselves of this Banquo's ghost in scientific medicine, which, indeed, has neither bone, flesh nor shadow.

[*To be continued.*]

## Clinical Reports.

### CASE OF IMPERFORATE HYMEN.

BY W. G. MOORE, M. D.,

Professor of Materia Medica, Therapeutics and Clinical Medicine in the St. Louis College of Physicians and Surgeons.

A case of more interest than the symptoms at first indicated was that of Lizzie L., who called at my office and gave the symptoms of an ordinary malarial attack, and I so pronounced it. I gave her cinchonidia, in five-grain doses, telling her to call again if not relieved. On the third day after, I was called to see her, the messenger stating that she was much worse. On entering the room the patient was screaming with pain. The mother informed me that the fever had "settled in Lizzie's womb." I asked her what she meant, how she knew, etc.? She replied, "I know it has for I've seen it come down myself."

Not wishing to put a girl of sixteen to an unnecessary examination, concluded to observe the course of events for a few minutes. In about five minutes she had another severe pain; in every way simulating labor pains. The mother told me the pains had been continuous throughout the night. I determined to make the examination at once. On attempting to introduce my finger into the vagina it was met by an elastic tumor as large as the vortex of the ordinary foetal head, and having the exact feel of the protruding membranes when about to rupture. I immediately though I had discovered a case of that peculiar "dropsy," that sometimes affects young ladies of respectable families—the

true nature of which is never suspected until revealed by the physician.

A hasty examination dispelled my fears, and inspection revealed an exceedingly thick and resisting, imperforate hymen. There was nothing suggestive in the history of the case, further than the fact of a well developed girl of seventeen never having menstruated. I attempted to rupture the membrane by forcing my index finger through it, but it caused so much pain that I was compelled to desist.

Gave her a full dose of opium and returned in the afternoon, accompanied by my friend, Dr. Larew.

We made the simple operation by puncturing with a bistoury, until the blood had escaped when by the aid of a grooved director we enlarged it to the full size of the vagina—which, together with the uterus was in every way normal.

The after treatment consisted in carbolized injections and rest in bed. The fever persisted for several days without the least tenderness of any of the pelvic organs, thus satisfying me that it was not sympathetic nor inflammatory—but malarial—the distinctive features of which were present throughout.

Dr. Emmet states that only four cases of imperforate hymen have come under his observation, and in no one of them did the amount of retained blood exceed six ounces. We were satisfied that there was a quart, at least, in this case.

ST. LOUIS, 3041 EASTON AVENUE.

## Neurological.

### BIOGRAPHICAL SKETCH OF DR. THOMAS H. MOORE, OF MADISONVILLE, KY.

BY R. M. KING, A. M., M. D.

Thomas H. Moore, M.D., of Madisonville, Ky., was born in Montgomery, Hamilton county, O., on the 15th day of Nov., 1835. During his boyhood, his father, George W.

Moore, moved to Lawrenceburgh, Indiana, where the subject of this notice spent the greater part of his minority, receiving such an education as the schools of that locality afforded, together with the information and instruction imparted to him by his father, who was a man of learning and cultivation. Afterwards his father again moved, this time selecting Gallatin county, Illinois, as his home. At this point the son remained with his father on the farm for several years, performing the manual labor incident to farm life, and thereby giving evidence of that family affection that was so characteristic of the man in later years as husband and father.

Dr. Moore was denied the advantages of an academic or classical education, but by dint of industry and close study he became a good English scholar, and in this respect was a self-made man. Having selected medicine as his chosen calling in life, he at once entered upon its study in the office of Dr. Charles C. Gaurd, a practitioner of Equality, Illinois, and in the winter of 1857, attended his first course of medical lectures at the Ohio Medical College, Cincinnati. His father being a man of limited means, the young doctor had but little money at his immediate command, and therefore had a hard struggle during the period of his studentship. He determined not to become a burden to his father, and therefore decided to earn his living "by the sweat of his own brow," and in harmony with this resolve, before receiving the degree of Doctor of Medicine, he began the practice at Equality, Illinois. But finding this field inadequate to the demands of his young aspirations, and having contracted here a severe form of rheumatism, he tarried only a few months at this point, removing in the fall of 1860 to Greenville, Kentucky.

On November the 24th, 1858, he was united in marriage to Miss Jeannie E. McNary, a highly accomplished and educated daughter of Colonel William C. McNary, of Mecklenburg county, Ky. Miss McNary

was of a noble ancestry and her father was a man of more than mediocre abilities of warm personal friendship, of sterling worth and of undoubted integrity. He enjoyed a full degree of confidence of the people for he was chosen representative from the county of Mecklenburg to the Kentucky Legislature and served in the Lower House during the sessions of 1830, '31, '35, '36, '51, '53, and in the Senate in 1846 and '50. At Greenville, Ky., Doctor Moore pursued his professional labors, doing for several years a large and remunerative practice amid great trials and under perplexing difficulties for then it was that the civil war between the States raged with unabated and unrelenting fury, especially in this section of the "dark and bloody ground." Suffering occasionally from the effects of the disease contracted at Equality, Ill., and finding the hardships of a general practice over the rugged hills of Mecklenburg county greater than his feeble organization could bear, he decided to try a little larger place, and accordingly located at Madisonville, Hopkins county, Ky., in 1863, at which place he remained in the discharge of active professional labors up to within twelve or eighteen months of his death. It was here in the spring of 1864, that the writer of this sketch first formed Dr. Moore's acquaintance—an acquaintance which afterwards ripened into a warm friendship that lasted without interruption through the remaining years of his earthly pilgrimage and which the writer fondly trusts may be renewed "beyond the land of parting," in our Heavenly Father's home.

In the year 1868, Doctor Moore and the writer were associated together in the practice of medicine and in the following fall of 1869 and '70, attended together a course of lectures at the "Miami Medical College, from which institution Mr. Moore received the degree of M. D., in March, 1871. He was justly noted for robustness of intellectual powers, unassuming quality of manners and comprehensiveness of culture. He

brought to the study of medicine an active investigating mind, a determined will and more energy and enthusiasm than one of his frail body could safely exercise. He was quite and unobtrusive in his ways, firm in his convictions and a hard-working, pains-taking student of medicine. At an early age he determined to deserve success, and in order to achieve it he exerted himself to develop to their fullest extent the faculties and energies with which God had endowed him. He took a deep interest in all the proceedings of the profession and being a chaste and terse writer furnished many valuable articles for publication.

Doctor Moore, when not employed in the routing duties of active professional life, took a warm interest in the current literature of the day, became a close reader and consequently well-informed in all matters outside of the profession. He also scanned closely all the recent and valuable medical works; subscribed for the best periodicals, and kept himself thoroughly abreast of the times upon every important medical topic and discovery of the day. He devoted much time and study to the acquirements of the knowledge of the disease of the heart and lungs, and in this special department of medicine, won an enviable fame among his colleagues as an accurate and well-educated diagnostician and a skillful and successful practitioner. By his tact, skill and kind ministration, he successfully carried many of the patients beyond the span of allotted existence; and, had he been more fortunately situated in a larger and more conspicuous field, he could and would have ranked as one of the leading physicians of the country in this special branch. Being an ambitious and sensitive man, a knowledge of his unfortunate environments, in connection with the daily toil necessary to keep from want those dependent upon him, wasted his mental and physical vigor in efforts to lift himself up to the dignified and honorable position to which he attained in

the meridian of his life. During his professional career at Greenville, Ky., while riding on horseback in the country, he was suddenly seized with hemoptysis, and a few years later, at Madisonville, had a similar attack. Some time after this he was prostrated for several months by an acute hemorrhoidal disease, which finally resulted in fistula in ano. He recovered from the attack, and from time to time had an occasional bleeding from the lungs, but not of sufficient quantity to keep him from the pursuit of his ordinary professional duties. About two years ago, in an attempt to mount upon his horse, he was violently thrown against the pommel of his saddle, which caused a severe pelvic cellulitis, resulting in an abscess in the abdominal walls, and the formation of sinuses communicating with urethra and bladder. He was confined to his room for months, suffering untold agony, being assiduously and sympathetically visited by a corps of intelligent and skillful practitioners, Madisonville, who did everything that human ingenuity, skill and kindness could suggest to relieve his sufferings, but all to no avail.

He visited Nashville, Tennessee, and was treated by Prof. W. T. Briggs, whose skill and renown as a surgeon is not confined to America. At a later period he came to St. Louis, for the purpose of consulting two gentlemen eminent as practitioners of medicine and teachers of surgery in the great metropolis of the West. The writer alludes to Drs. Louis Bauer and John T. Hodgen.

Dr. Hodgen operated upon him at my house, and brought to bear upon the case all the resources of his acknowledged skill and experience. Dr. Moore left my house early in November, returning to his home in apparently improved health, but was afterwards seized with acute laryngitis, and continued to grow more and more feeble until his disease gained the mastery, and he expired on the 22nd of February, 1882.

In the practice of medicine and surgery he was eminently conservative, but was

nevertheless quick to see and bold to act when it became necessary to interfere. Endowed by nature with a high degree of common sense, he was cool, thoughtful and ready, faithfully endeavoring to conscientiously discharge his duty to the patient and the profession. He inspired all with a love for the good, and the nobility and righteousness of his calling, and by his winning presence wielded an immense power in the sick-room for the benefit of his patient. He was a bright and active Freemason, enjoyed positions of trust within the order, and the entire confidence of the members of the "mystic tie." He occupied a prominent position in the Presbyterian family, and sought only to do good to those with whom he was associated. He was a warm-hearted, devoted and faithful friend, and in all the relations of life fairness and candor characterized his dealings with men.

Dr. Moore has left no monumental pile to perpetuate his memory for future ages, yet in the simplicity of his walk, the steadfastness of his purpose and the humanity of his deeds, his name will live and endure in the affections of all who knew him. Though living and moving in a sphere less conspicuous than that which his native parts and acquired culture entitled him, he nevertheless shed luster upon his calling and added to the civilization and happiness of the age. In his death the profession has sustained a severe loss, science a devoted follower, society a good citizen and the afflicted a faithful and true friend.

St. Louis, Mo.

#### PROFESSOR SCHWANN.

The medical and scientific world has experienced a great loss in the death of Prof. Schwann, of the University of Liège, which took place recently at Cologne, from cerebral congestion.

Schwann was born at Neuss, near Düsseldorf, in 1810; he pursued his studies at Bonn, Würzburg and Berlin. His works

made an immense impression, and it may be said that he was the creator of the cellular doctrine, and that he was one of the founders of the progress realized by physiology in these later times.

Belgium had the fortune to possess this matchless *savant*. In 1838, he was called to teach general and descriptive anatomy at the University of Louvain. In 1858, he was made professor at the University of Liège, where he afterwards remained; he there taught successively anatomy and physiology.

Schwann was Commander of the Order of Leopold; member of the Order, for Merit, of Prussia; member of the Royal Academy of Sciences of Belgium; of the Academy of Sciences of Berlin; and of the Institute of France, etc.

Notwithstanding his high position and his incontestable and uncontested scientific worth, Prof. Schwann's modesty was equalled only by his learning. His was a great mind and an excellent heart; in Belgium, his second home, there were none who were not his friends.—*La Presse Médicale Belge*.

#### Translations.

[Translated for the CLINICAL RECORD.]

EUCALYPTUS OIL AS AN ANTISEPTIC IN SURGICAL PRACTICE.—Dr. H. Schultz (*Centralblatt für Chirurgie*, No. 34, 1881), states that the oil of eucalyptus commends itself to the surgeon, not solely by its powerful antiseptic properties, but also because it may be utilized to stimulate the development of granulations, i. e., the process of cicatrization. Unfortunately, to the present time, no good solvent of this oil is known, hence it has to be used in the form of emulsion. That recommended by Seegan may be employed as follows: Eucalyptol, 3 parts; alcohol, 15 parts; water, 115 parts. Compresses saturated with this emulsion may be used, covered with gutta-percha to prevent evaporation.—*La Presse Médicale Belge*, Nov. 27, 1881. Z.

**NEPHRO-LITHOTOMY.**—The removal of a kidney on account of renal calculus, as has been done, can be defended only in exceptional instances. Lithiasis involves both of these organs, and if one be taken away, the entire discharge of urine must take place through the remaining one, which is, therefore, still more exposed to the same trouble. Hence, Prof. Czerny, urges the substitution of nephro-lithotomy for nephrectomy.

H. Morris seems to have been the first to adopt this plan. Barker tried and failed to extract a renal calculus, and consequently, had to excise the kidney. Since that time, R. Barwell, S. Andrew, G. W. Callender and May have performed nephro-lithotomy, but each case terminated fatally.

The latest operation of this kind is that by Bardenheuer, of Cologne, and this one is of exceptional interest to the surgical reader.

The patient concerned, a female, is 27 years old, and unmarried. Coincidental with some other trouble, she complained of painful micturition. All former attempts at relief had failed. The bladder was free from all sources of mechanical irritation. The urine was turbid, but otherwise normal; either neutral or slightly acid. One peculiarity of the disturbance was the extension of the pain toward the left side.

In order to give the bladder physiological rest, artificial incontinence of urine was produced by dilatation of the urethra and incision of the sphincter. Unfortunately, a piece of the rubber dilator broke off and slipped into the bladder, causing violent reaction and almost a fatal termination.

Whilst the recovery of the patient was still in suspense (Jan. 3, 1882), an abscess of moderate size formed in the left iliac fossa. When opened, its retroperitoneal situation and the tubulated distension of the renal calices were recognized.

Immediately, appetite returned, fever ceased, and the patient made some progress towards recovery.

On February 8th, it was noticed that the bed-pan contained no urine. The catheter was used, but only a little mucus and a small concretion were withdrawn. At noon, rigor; temperature 40.1° C. (=104.2° F.); pain in the right lumbar region radiating towards the bladder.

**Diagnosis.**—Complete anuria, from sudden obstruction of the right ureter by calculus; the left renal apparatus being either obliterated or annihilated (by the abscess).

February 9th: Temperature 39.1° C. (=102.4° F.); nausea and vomiting of bile and mucus; pain, but no convulsive symptoms; no urine.

**Prognosis**, very ominous; extraction of calculus the *ultima ratio*.

**Operation.**—Lumbar incision from eleventh rib to crest of ilium, and another along the latter towards the spine. At the bottom of the space thus exposed, the colon appeared below, and above, the fatty involucre of the kidney. The latter was divided and gradually detached from the renal capsule on both surfaces, opening the way to the renal pelvis and the ureter. At the moment the calculus was reached it slipped back, and permitted the passage of the urine through the ureter to the bladder.

Dr. B. found it necessary to detach still more the kidney from its surrounding tissues in order to bring it into the wound, so as to be more accessible. The calculus was then held in a fixed position in the upper extremity of the ureter, the latter was opened, and one large, and four smaller concretions were extracted; and the wound in the ureter was then closed by three sutures. The larger stone was of the size of an ordinary bean; surface smooth.

February 10th: All the alarming symptoms moderated. The urine is discharged through the wound; none passing into the bladder.

February 11th.—*Idem*.

February 12th.—The external wound is kept open by the interposition of iodoform gauze.

February 13th.—Patient had a rigor in the night; temperature  $40.8^{\circ}\text{C}$  ( $= 105.4^{\circ}\text{F}$ .); no urine in the dressing. She is anesthetized; margins of wound retracted; sutures in ureter removed, whereupon a bloody fluid escapes. The ureter is then still further exposed, cut off low down towards the bladder, and fixed in the external wound. There is some slight bleeding from its divided ends. The ensuing collapse diminished under the use of stimulants.

On March 12th, date of latest notes of this case, the patient was free from fever and gaining strength. All portions of the wound not exposed to the action of urine appear clean and healthy.

We owe this most interesting communication (*Centralblatt für Chirurgie*, No. 12, 1882), to the graphic pen of Dr. O. Thelen, of Cologne, who will probably give us the later phases of the case in subsequent numbers of that journal. L. B.

**CITRATE OF IRON HYPODERMICALLY.**—Dr. Cravamelli (*Gaz. Med. di Roma*, Jan. 1, 1882), having noticed that iron, no matter in what form it is employed, gives no result in many cases of anæmia, instituted a series of experiments to ascertain if iron given by way of the stomach was always so absorbed as to reach the general circulation and, if not, to learn what would happen if it be injected under the skin.

Upon man he has made but one experiment. This concerned a patient who had been profoundly anæmic for six years. All sorts of reconstructive and tonic measures had been employed without effect, including iron in a great number of forms. The iron was always found in great part in the fecal matters but never in the urine. He resolved to try hypodermic injections of two or three grams (30 to 45 minims), daily of an aqueous solution of citrate of iron—each gram containing five centigrams ( $\frac{1}{2}$ -grain) of iron—at the thirtieth injection the cheeks

became rose, and in proportion as the treatment was continued, the ordinary symptoms of anæmia disappeared. The urine constantly contained iron. At the moment of injection a sensation of pain and burning was felt, but this was not intolerable and was easily removed by the application of cloths wet with cold water.

The author, very naturally, does not deduce general principles from a single experiment made upon man; he hopes, nevertheless, that other experiments will be made, for this may prove a therapeutic means of great utility.—[*La Presse Méd. Belge*.

**TREATMENT OF SYPHILIS BY SUBCUTANEOUS INJECTIONS OF MERCURY.**—L. M. Letnik believes that the time will soon arrive when subdermic injections of mercury will supplant every other treatment of syphilis. The advantages of this treatment are as follows:

1. The possibility of *accurate dosage*.
2. Frequent bathing and change of clothing in charity practice is not a *dire* necessity.
3. The *rapid disappearance of new syphilitic symptoms*, often after six or eight injections.
4. The possibility of the patient continuing his vocation.
5. *Shortening of the entire treatment*.

Coinciding with the representations of other authors, L. presents the duration of treatment, during the last five years, of 1892 patients:

Internal treatment,  $78\frac{1}{2}$  days; frictional treatment, 56 days; and by subcutaneous injections, 32 days; the latter, therefore,  $2\frac{1}{2}$  times more rapid than by internal medication.

6. *Stomatitis is observed very rarely*.

8. General condition of patients does not suffer at all, but improves materially, and the diet is not interfered with.

L. has treated 210 patients in this way; in five cases injections were discontinued;

three cases of threatening nervous manifestations after each injection, and in two of rupia syphilitica, owing to their proving ineffective. They were used 172 times in the condylomatous or eruptive form; 32 times in its older forms. Minimum number of injections, 20; maximum, 45. In these cases hydrarg. chlorid. with sodium chlorid., sublimate with morphia, and the bicanuret were used. The first produced least pain; with the last it is intense *during* the injection and a little time subsequently. Induration remaining five to six days; when bicanuret is used twenty and more days. The albuminate or peptonate were not applied.—[*Centralblatt für Chirurgie*, No. 8, 1882. J. L. B.]

**PILOCARPIN IN DIPHTHERIA.**—Professor Demme, of Bern, reports twenty-six cases of diphtheria in eleven patients, in which this remedy was used from twenty-four to thirty-six hours after the inception of the attack, and discontinued when symptoms of depression presented themselves; *tracheotomy was compulsory to save the lives of the patients*. In fact there was a constant and potent increase and diffusion of the inflammation. Pilocarpin does not prevent the diffusion of the disease, and the specific virtues of this remedy in diphtheria are denied.

Demme knows no special remedy for diphtheria; for all those therapeutic measures that have been recommended, have proven themselves impotent in intensely pernicious attacks.—[*Deut. Med. Zeit.*

J. L. B.

**CONDITIONS UNDER WHICH COLONIES OF MICROCOCCI THRIVE IN THE BLOOD-VESSELS.**—Vassilieff, of St. Petersburg, made use of frogs, in which he produced an ulcerative process, the secretions of which were vaccinated successively upon other animals, and at last producing an infectious disease. The characteristic points of this infectious disease are: 1, acute, always fatal course;

2, presence of bacteria in the blood, which can only be observed shortly before death; 3, development of numerous ecchymoses in different organs and tissues. In those frogs which have died from disease, a development of micro-organisms commences immediately after death in the blood-vessels, and reaches its greatest height in the skin. The blood, as well as the tissue sections of such septic frogs, introduced into the lymph channels of healthy animals, call forth the same disease and symptoms. If a septic frog is killed before the development of bacteria in the blood, there is either no development of bacteria in the cutaneous vessels, or it occurs in circumscribed localities. In the cutaneous vessels of frogs that died independently of sepsis, no such colonies are developed; though no loss of substance should have taken place. If the latter existed during the life of the animal, the same development takes place, and can not be differentiated from those of septic animals. Such colonies were found immediately surrounding the ulcers and at distant portions. During the life of septicemic frogs no colonies of micrococci are found in the blood-vessels. But should stasis have occurred in the blood-vessels of a specified cutaneous district, the colonies of micrococci develop secondarily, during the life of the animal.—[*Deutsche Med. Zeitung*.

J. L. B.

**IODOFORM**, its use and abuse, its therapeutic and toxic effects are the subjects of lively discussion in recent exchanges from Germany. The estimate of its surgical value is generally favorable among the leading practitioners of that country. Every day develops, however, new facts, indicative of danger in its indiscriminate application.

From the Augusta Hospital, Berlin, Dr. Georges states that dissolved in collodium at ten per cent. and thickly brushed over, well-closed wounds, iodoform acts both as an antiseptic and hermetical closure. But

where freely applied in substance to wounded surfaces and enclosed by sutures, whether drained or not, it has given rise to erysipelas and suppurative inflammation. In some instances, aggravated symptoms of poisoning ensued.

Mosetig-Moorhof in Vienna, who introduced iodoform into surgical practice maintains that most of the cases of poisoning recorded might be rationally traced to coincidents and mismanagement. He has used this remedy for the last four years in his clinic at the General Hospital. During this period 3,000 in- and 4,000 out-patients were attended. In suitable cases iodoform was principally used for dressing and not one instance occurred of intoxication from this drug. His directions for its safe use are:

1. Do not use large quantities.
  2. Obviate pressure upon the wound when using.
  3. Do not change the dressing often.
  4. Do not wash the wound and do not renew the iodoform.
  5. Use it pure and not mixed with other antiseptics.
- L. B.

**DETECTION AND MEASUREMENT OF URINARY CALCULI IN CHILDREN.**—Richard Volkmann, of Halle, mentions a new method, especially applicable to children, by which it is possible to *detect a calculus in the bladder, and even to determine its size and form approximately.*

Under anæsthesia he introduces two fingers into the rectum. By pressing the bladder against the pubic symphysis, the stone is felt. By lifting it above the symphysis, and holding it in that position, the other hand can determine its size and form. Sometimes it succeeds to place the calculus in front of the symphysis, so that it might be fixed with an elastic cord, preparatory to the supra-pubic section for its removal.

L. B.

**ABDOMINAL SURGERY WITHOUT LISTERISM.**—Lawson Tait gives an account of

110 cases of abdominal section performed since November 1st 1881 (*Medical Times and Gazette*, Vol., I., pp. 544-625).

The cases comprise:

	Cases.	Fatal.
Explorative Incision, - - -	14	0
Removals of Ovarian Cystomata, on one side, - - -	38	2
Removals of Double Cysts, -	9	0
Removals of Parovarian Cysts, -	4	0
Removal of both Ovaries and Tubes on account of Myoma, -	11	1
Removal of both Ovaries and Tubes on account of Hydro-salpinx, - - - - -	5	0
Removal of both Ovaries and Tubes on account of Pyo-salpinx, - - - - -	3	0
Removal of both Ovaries and Tubes on account of Chronic Ovaritis, - - - - -	2	1
Opening and Draining of Pelvic Abscess, - - - - -	11	0
Hepatotomy (Hydatids), - -	4	0
Internal Incarceration, - -	2	0
Hysterotomy, - - - - -	4	2
Cæsarian Section, - - - - -	1	1
Extra-Peritoneal Cysts (without opening peritoneal cavity), - - - - -	2	2
	<hr/> 110	<hr/> 9

Explorative incisions were made in cases of confirmed or suspected intra-peritoneal malignant tumors. Twice the operation was undertaken in supposed cystomata, when malignant sarcoma was found. The exploration has tended to render diagnosis more reliable. In no case was he induced to abandon the operation, not even in oöphorectomy, in which it has happened with other surgeons.

In fifty-one cases of ovariectomy the author lost but two patients; certainly a very brilliant result.

In reference to Lister's antiseptic method, the author says: "I am justified in declaring that in this department of surgery it should be dropped, for it has injured more than it has benefited." He looks upon Lister's method "as one of the largest, most attractive and ingeniously constructed bubbles imposed upon surgery."

The improved returns of modern ovariectomy he ascribes—

1. To the discontinuance of the clamp.
2. To the augmented practical experience of surgeons.
3. To the attention which is now paid to the condition of the patient and her hygienic surroundings.

Mr. Tait recognizes a material progress in the fact, that operations are entertained at an earlier period, before paracentesis has been made, and before the patient has been reduced in flesh and vigor. But two of his patients had been punctured.

The two fatal cases occurred in patients in whom attenuation and exhaustion had placed them near the grave. In one of them the tumor had been recognized only when the distension had become enormous and the adhesions extensive. In this case he regrets not having used drainage. He has in six other cases, in extensive adhesions, used drainage with happy results, notwithstanding that there was copious hemorrhage from the adherent surfaces.

Besides, the author has reöpened the abdominal wound in two cases, which took a bad course, with acute peritonitis, again carefully cleansed the abdominal cavity, applied the drainage, and thus secured the recovery of the patients. He is determined to adopt the same plan in cases of idiopathic peritonitis, cleanse and drain the abdominal cavity. He anticipates that the prevailing views about peritonitis will soon experience extensive changes. The terms septicæmia and septic peritonitis we owe to Spencer Wells, and they play a considerable rôle among the fatal cases of ovariectomy. He declares these senseless, having misdirected surgeons. In four cases of ovariectomy, pregnancy co-existed; they all recovered. In two of these cases, acute peritonitis set in, and those were the two in which the wounds were reöpened. Special interest is centered in the removal of a tumor which was in a state of gangrene. In this particular case, the hemorrhage was very copious; the

application of the actual canterly failed to arrest it.

He was compelled to apply Kœberle's forceps. Yet even this did not suffice, it bled from the surface, and the more ligatures were applied the worse was the hemorrhage. Thereupon he closed the wound, leaving the forceps attached and within the abdominal cavity. Next morning the wound was reöpened, the forceps removed; the bleeding had ceased.

Drainage—recovery.

In Battey's operation, he insists in likewise removing the Fallopian tubes whence menstruation emanates. Tait commends this operation likewise in uterine myomata, when accompanied by hemorrhage. In ten cases of this kind, in which he had removed the uterine appendages, hemorrhage did not return.

Laparotomy was twice performed for chronic ovaritis, fatal in one, by sepsis. The other case was saved by reöpening and draining the wound.

Pelvic abscesses he opened nearest to the abdominal wound. After cleansing them he united the edges of the opening into the abscess with the wound of the abdomen, and drained them. Two of them were tubal abscesses. A similar plan Tait adopted in opening hydatids of the liver, uniting them in the same way, and introducing the drainage tube likewise.

Laparotomy for the purpose of finding strangulation he has abandoned in favor of establishing artificial anus at the most dependent portion of the intestinal tract. In one case obstruction had lasted eighteen days. Eleven days after the operation, natural defecation. In one of these the myoma disappeared within six weeks after the operation. Its weight had been estimated at five pounds.

In hydrops (hydro-salpinx), and in abscess (pyo-salpinx) of Fallopian tubes, he found invariably the abdominal orifice adherent to the ovary, and the uterine opening closed. These were apparently

caused by gonorrhœa and exanthematous peri-œphoritis. In most of these cases the contents were serous. In a few, purulent and exceptionally, menstrual blood. The pains accompanying these conditions are continuous, but most intense at the menstrual period. By careful bi-manual exploration, the diagnosis might be acquired, but Tait does not content himself without opening the abdomen.

In all cases, his preliminary diagnosis was affirmed. The ovaries were likewise removed.

In one case the diagnosis indicated suppuration and perforation of the gall-bladder into the intestine. Constipation accompanied the case. The explorative incision at the umbilicus opened a cavity filled with fœces and matter. Three days afterwards the discharges passed per rectum. The case terminated favorably, notwithstanding the obvious error in diagnosis. Tait has performed hysterotomy for malignant sarcoma.

In another case, he expected to find periovarian cyst and found a cysto-fibroma of the womb. In a third case, two large cystic tumors and a large myoma were removed with the uterus. This also recovered. In a fourth case, a solid tumor of the lateral ligament was suspected, instead of which a myoma was found at the right uterine cornue. The patient recovered.

In these cases hemorrhage was pretty lively, and drainage, therefore, indispensable.

In a rachitic dwarf, the Cæsarean section ended fatally on the fourth day, probably from embolism.

L. B.

**BROMIDE OF POTASSIUM IN GONORRHEA.**  
—Cambrillard recommends the following injection for chordee:

R Potass. bromid	-	6 parts.
Tinct. opii	-	2 parts.
Glycerin. purif.	-	10 parts.
Aquæ destillat.	-	150 parts.

M. To be used four times daily, and retained in the urethra from two to three minutes each time.

Mauriac recommends:

R Syr. digitalis	-	50 grams.
Syr. morphinæ	-	50 grams.
Potass. bromid	-	20 grams.

M. Tablespoonful each evening, in a cupful of chamomile tea or other convenient vehicle. Suppositories of cacao butter each containing one gram (15.4 grains) of chloral, may be used instead.—[*Deutsche Med. Zeitung.* J. L. B.]

## Extracts and Abstracts.

**REASONING MANIA.**—Under this title, Prof. Wm. A. Hammond has recently considered at length the condition known as Mania without Delirium (of Pinel), Reasoning Monomania (of Esquirol), Mania of Character (of the younger Pinel), and Original Insanity (Primäre Verrücktheit), of the German alienists (*vide Journal of Nervous and Mental Disease*, Jan., 1882). The subject is considered with special reference to the Guiteau case, and the punishability of the insane generally. The following is the author's description of the affection, drawn from the writings of others and his own observation:

"The most prominent characteristic of the disease is an overbearing egotism, which shows itself on all, even the most unimportant occasions. The individual without social position, without wealth and without political influence conceives that he has only to make his wishes known to those in authority to have them granted. He does not hesitate to push himself forward as an applicant for high office, and this when he has no one qualification fitting him for the position he seeks; refusals do not dismay him, the most pointed rebuffs do not abash him. He is sure that his application will be favorably considered, and any little act of common politeness that may be shown him is at once construed into a promise of assistance. He is invariably sure his appointment is about to be made, and when, as always happens, some other person is selected his chagrin is of short duration. He has some plausible excuse for his failure

and at once directs all his energies toward another and perhaps still higher position.

"It may be said that these are the characteristics of all office seekers, but this I emphatically deny. We have in this country ample opportunity to study the natural history of the class in question, and I think all who hear me will bear me out in the assertion that it is the rarest thing in the world to find a person applying for an office for which he is totally unfit, and for which he could not obtain the indorsement of any intelligent person." \*.\*

The author then describes a typical case in his own practice, and continues the description:

"The intense egotism of these persons makes them utterly regardless of the feelings and rights of others. Everybody and everything must give way to them. Their comfort and convenience are to be secured though every one else is made uncomfortable or unhappy, and sometimes they display positive cruelty in their treatment of persons who come in contact with them. This tendency is especially seen in their relations with the lower animals.

"Another manifestation of their intense personality is their entire lack of appreciation of kindness done them, or benefits of which they have been the recipients. They look upon these as so many rights to which they are justly entitled, and which in the bestowal are more serviceable to the giver than to the receiver. They are hence ungrateful and abusive to those who have served them, and insolent, arrogant and shamelessly hardened in their conduct toward them.

"At the same time, if advantages are yet to be gained, they are sycophantic to nauseousness in their deportment toward those from whom the favors are to come.

"The egotism of these people is unmarked by the least trace of modesty in obtruding themselves and their assumed good qualities upon the public at every opportunity. They boast of their genius, their righteousness, their goodness of heart, their high sense of honor, their learning and other qualities and acquirements, and this when they are perfectly aware that they are commonplace, irreligious, cruel and vindictive, utterly devoid of every chivalrous feeling, and saturated with ignorance. They know that in their rantings they are attempting to impose upon those whom

they address, and will even subsequently brag of their success, as I have had them do to me.

"It is no uncommon thing for the reasoning maniac, still influenced by his supreme egotism and desire for notoriety, to attempt the part of the reformer. Generally he selects a practice or custom in which there really is no abuse. His energy and the logical manner in which he presents his views, based, as they often are, on cases and statistics, impose on many worthy people who eagerly adopt him as a genuine overthrower of a vicious or degrading measure. But sensible persons soon perceive that there is no sincerity in his conduct, that he cares nothing whatever for the cause he is advocating, that his cases and statistics are forged or intentionally misconstrued for the direct purpose of deceiving; in short, that the philanthropy or morality which he affects is assumed for the occasion. Even when his hypocrisy and falsehood are exposed, he continues his attempts at imposition, and even when the strong arm of the law is laid upon him, prates of the ingratitude of those he has been endeavoring to assist, and of the disinterestedness and purity of his own motives. Many of those who hear me will call to mind a recent notable case in point, in regard to which the public was enlightened through the agency of one of the daily newspapers. Indeed, several contemporaneous instances will doubtless readily be brought to mind.

"Again, the reasoning maniac, as *Campanie*\* says, may go still further in his career as a redresser of all kinds of possible and impossible wrongs, past, present and future. 'He displays in the performance of his part a degree of energy, activity and caution which would be really admirable if his mission had any foundation whatever. Unfortunately his warfare is waged against windmills, and he takes for incontestible truth that which is altogether a figment of his imagination. Truth with him becomes error from the exaggeration, the depreciation or the distortion to which it is submitted. He regards virtue through the medium of his own degraded passions, and never as it ought to be seen. Thus estimated it cannot direct him to any good purpose.'

\**Traité de la manie raisonnée; ouvrage couronné par la société médico-psychologique de Paris (Prix André, 1867), Paris, 1869, p. 98.*

"The subject of reasoning mania is always more influenced by the emotions than by intellect. In fact he rarely judges calmly and dispassionately on any matter brought before him. The slightest cause produces in him an intense degree of excitement, and he manifests his emotional disturbance by loud exclamations, vehement gestures, and the most foul and abusive language against those who have incurred his resentment. But even when apparently most inflamed and in the very midst of his maledictions, he becomes, under the influence of some different circumstances, good-natured and smiling, and finishes his cursing with a joke or a hearty laugh. There is no depth or sincerity either in his imprecations or his blessings.

"This facility of passing from one state of feeling to another, both of which may be manifested by all the characteristics of intense passionate perturbation, is a striking peculiarity of reasoning maniacs. Of all people in the world they seem to be the most capable of 'blowing hot and cold with the same breath.' A patient of mine, a young man, would in my presence declaim in the most vehement manner against his father, accusing him of all the sins of the decalogue and of many others not found in that code, and in the next instant would declare that he was only trying to test his father's patience and forbearance, and that in reality no one could be kinder or more virtuous than he. But ere these latter opinions were fully expressed, I caught him making faces and shaking his fist at his father when his back was turned. It was impossible to get at his real feelings." \* \* \*

"Although reasoning maniacs are not subject to morbid and irresistible impulses to commit motiveless crimes they are prone to acts of violence from slight exciting causes, and these may be perpetrated both in the heat of passion and after such deliberation as they are able to give to any matter. Generally they are directed against those who they supposed have injured them and against former friends with whom they have quarrelled. Again, they may be committed solely for the purpose of gratifying the morbid feelings of pleasure which they experience at the sufferings of others. In the first category are embraced the many instances of arson, maiming, homicide and other crimes in which the motive alleged has been so slight as to be ridiculous." \* \*

"As to derangement of the intellect, I am quite sure that though the emotions and the will are primarily and chiefly involved, there is more or less aberration of the purely intellectual faculties in every case. Certainly, this has been so in every instance that has come under my observation. To a superficial examination, the intellect may appear to be unaffected, as it very generally happens that there is an absence of marked delusion. But a ready susceptibility to be impressed by slight exciting causes, an unquestioning faith in their own powers, when, in reality, these are far below the average, and an entire disregard of their duties and obligations and of the ordinary proprieties of life, are certainly indications of intellectual derangement. Most authors who have described the affection appear to think that it invariably exists without the participation of the intellect; others, perceiving that the intellect participates to some extent in all cases of mental derangement, refuse to admit the existence of reasoning mania. The question is a mere quibble—for whether the intellect is involved or not is by no means a matter of prime importance, and is resolved affirmatively or negatively according to the idea of what constitutes intellectual derangement, entertained by the disputants. In any event the reasoning mania is, as Dr. Spitzka declared while on the stand in the Guiteau trial, and as Campagne said seventeen years ago, 'a true moral monstrosity.'

"Relative to the bodily peculiarities of reasoning maniac, I have only space for the résumé of Campagne, as follows:

1. That the head is smaller than that of persons of sound mind.
2. That it is smaller than that of lunatics in general.
3. That as regard size it is about equal to that of persons of weak minds.
4. That it is larger than that of idiots.
5. That the antero-posterior curve and particularly the posterior curve of the cranium are less than those of persons of sound mind, lunatics in general, the weak-minded, and even of idiots. It may be said that reasoning maniacs have a congenital atrophy of the posterior lobes of the brain, and that the cranium has been diminished in size to the detriment of the occipital region.

"And now to apply the foregoing remarks to the assassin of President Garfield. To do so fully would require me to traverse the

whole record of the trial. But I scarcely think it is necessary to do this to get a definite opinion of the mental condition of the man now under sentence of death. We have only to take the hypothetical question proposed by the District Attorney, and which was answered by every one of the medical witnesses for the prosecution in positive language, that if the statements therein contained were true, the prisoner was sane. Let us see what these statements are:

"That he had had several insane relatives; that while at college he abandoned his studies and entered the Oneida Community; that he left it and subsequently returned; that he again left it and went to New York to establish a newspaper devoted to the dissemination of peculiar religious ideas; that he abandoned this project; that he studied law and was admitted to the bar; that he was married and then divorced through his own procurement; that he became interested in religion and delivered lectures on the subject; that while thus engaged he attempted to strike his sister with an axe; that though a physician could find neither illusion, hallucination nor delusion he pronounced him insane, 'because of exaltation of the motives and explosions of emotional feeling, also excessive egotism, and that he was the subject of pseudo-religious feeling,' and advised his confinement in a lunatic asylum; that he soon afterward gave up lecturing; that he associated himself with the National Republican Committee and prepared a speech which, however, he only delivered once; that after the election of General Garfield he asked by letter for the appointment of Minister to Austria; that he went to Washington to urge his claims; that not getting the position he applied for that of Consul to Paris; that he 'earnestly and persistently followed up his application by verbal and written requests, having no special claims for this place except his own idea of the value of his services,' and having the recommendation of but one person; that he unwarrantably inferred from a remark of the Secretary of State that he might be appointed; that in spite of rebuffs from the officials in authority he continued to expect the appointment; that he made inquiries about a pistol which he subsequently purchased, borrowing money to pay for it; that he practiced with it by shooting at a mark; that he followed the President on two occasions for the purpose

of killing him, but was deterred, once because his wife, who was sick, was with him; that finally he lay in wait for him at the railway station, and shot at him twice, intending to kill him, and inflicting a mortal wound.

"That after the shooting he attempted to get to the jail for protection; that he was arrested, and that a letter to General Sherman, asking for troops to protect him, was found upon his person; that in two letters written several days before the shooting, he declares the President's nomination was an act of God, that he has just shot the President, 'that his election was an act of God, his removal an act of God;' that in another document addressed to the American people, and dated as early as June 16th, he used this language: 'I conceived the idea of removing the President four weeks ago; I conceived the idea myself and kept it to myself,' and other words of like character.

"That he subsequently claimed that he was inspired by the Deity to kill the President, and that he had previous inspirations; that for years before the shooting he had procured a precarious living, not paying his board-bills, borrowing money, evading the payment of his railroad fares, retaining money collected by him as a lawyer, and being several times in prison on charges of fraud; and that on the stand he stated he felt remorse for his deed so far as his personal feelings were concerned, but that his duty to the Lord and the American people was paramount.

"On such a statement of facts, and with a knowledge of the manner in which the prisoner conducted himself while being tried for his life, his abuse of his friends who were endeavoring to save him, his praise of judge and jury and opposing counsel at one time and his fierce denunciation of them at another, his speech in his defense, his entire lack of appreciation of the circumstances surrounding him, his evident misapprehension of the feelings of the people toward him, his belief in the intercession of prominent persons in his behalf and of his eventual triumph, and the many other indications with which you are all familiar, especially his conduct after sentence was pronounced—I have no hesitation in asserting that Guiteau is the subject of reasoning mania, and hence a lunatic. There is not an asylum under the charge of any one of the medical experts for the prosecution that does not contain patients less insane than he.

"What is to be done with such persons as Speirs the Utica incendiary, Brown, the Maine wife-murderer, Jégado the poisoner, Dumollard the killer of servant-girls, Pomeroy the boy torturer, and Guiteau the assassin of the President? That all these people were lunatics I have no doubt; that all were worthy of the punishment awarded them I am quite sure. Ten years ago I wrote as follows:\*

"The only forms of insanity which, in my opinion, should absolve from responsibility and therefore from any other punishment except sequestration, are such a degree of idiocy, dementia, or mania, as prevents the individual understanding the nature and consequences of his act, or the existence of a delusion in regard to a matter of fact (not an inspiration or a command from the Deity, or any other incentive based solely on faith), which, if true, would justify his act. Persons suffering from either of these forms of mental derangement and perpetrating crimes should, in the interest of the safety of society, be deprived of their liberty.

"But the individual who has sufficient intelligence to know that pointing a pistol at a human being, cocking it and pulling the trigger, are acts which will cause the death of the person against whom they are directed, should be subjected to the same punishment for a homicide as would be awarded for a like offence committed by a sane person. And the insane person whose delusions are not such as would, if true, justify a homicide, should come under the same rule.'

"And again seven years ago, I said,† speaking of cases such as those now referred to:

"That individuals thus affected are insane, that is of unhealthy minds, is undoubtedly true; but there is none the less any reason why, when convicted of crimes, they should not be made to suffer the full penalty which the law awards. There is no evidence to show that a crime committed through a morbid impulse, based upon a still more morbid emotion of pleasure, could not have been prevented had the individual chosen to combat the desire of self-gratification. Those morbidly constituted persons who commit crimes because it is pleasant for them to do so should be

treated exactly like other offenders against laws. The absence of motive is apparent only. The fact that the criminal experiences pleasure from the committal of the act is as strong a motive as any other that can be alleged, and is entitled to no more extenuating force than the pleasure of revenge or acquisitiveness or other passions. 'Lord, how I do love thieving,' said a London vagabond; 'if I had all the riches of the world I would still be a thief.' The plea, 'I could not help it,' is one which every member of the criminal classes can urge with as much force as the subject of emotional morbid impulse, and when it stands alone in an otherwise sane individual should be absolutely disregarded by juries and judges.'

"In a paper on 'Morbid Impulse,' read before this society, May 28, 1874, I enunciated like views.

"For this opinion I have been abused by certain ultra humanitarians and emotional philosophers, who believe no doctrines and accept no statements that are not agreeable to them—the same class of people, in fact, who, during the President's suffering, slandered all who, looking at his condition through the medium of medical and surgical knowledge, were forced to the conclusion that recovery was almost out of the question. With such individuals black is white and white is black, according to the pleasure to be derived from either belief.

"It is a source of satisfaction to me to find that the views which for nearly ten years past I have endeavored to promulgate have at last received practical indorsement by the conviction of Guiteau. The emotional philosophers, desiring him to be sane, still endeavor to persuade themselves that their wishes and facts are the same thing, and to the disgrace of American psychological medicine, they are sustained by certain physicians who appeared as witnesses for the prosecution. The charge of Judge Cox shows what he thought, and it is doubtless to his very emphatic declaration that insanity, unless of such an extent as to destroy the knowledge of right and wrong, or prevent the accused knowing the nature and consequences of his act, does not absolve from responsibility for crime, that a verdict of guilty was rendered.

"The admirable charge of Chief Justice Davis, of the New York Supreme Court, in the Coleman case, leaves nothing to be desired. 'Emotional insanity,' he says,

\*Insanity in its Relation to Crime: A Text and a Commentary, New York, 1873, p. 73.

†A Treatise on the Diseases of the Nervous System, sixth edition, 1876, p. 340.

'impulsive insanity, insanity of the will, or of the moral sense, all vanish into thin air whenever it appears that the accused party knew the difference between right and wrong at the time and in respect of the act which he committed.'

"This is very different from the law as laid down by Judge Hogeboom, in the case of Cole, tried for the murder of Hiscock. Here it was declared that 'an insane impulse, leaving the mind incapable of exertion, holding the individual incapable of exercising his mind, so far as I have defined it to you, exempts him from responsibility, and if, under the influence of such a want of mind, the prisoner commits the act, whether you call it irresponsible impulse or anything else, it exempts him from responsibility.'

"As I have endeavored to show quite recently,\* there is no necessary connection between medical insanity and legal insanity.

"Let Guiteau suffer the full legal penalty of his crime, but let him be executed with the distinct understanding that he is a lunatic deserving of punishment. To shut our eyes to his exact condition, and to try to flatter ourselves that he was of normally constituted mind when he shot the President, is not only cowardly but it is impolitic. The conviction and execution will be without the force of an example upon hundreds of others of unsound minds who may be contemplating the commission of crimes. And it will lead to the erroneous conclusion that there was a sane man—a man in the full possession of his mental faculties—capable of killing the President of the United States for the purpose of uniting the two wings of the Republican party, when both had never failed to show their contempt for the assassin whenever he had given them the opportunity. Was there ever a more insane motive than this, and was there ever a man whose whole career from childhood to the present day has afforded a more striking example of that form of mental derangement called reasoning mahia?"

Although we consider Prof. Hammond's reasoning fallacious and his conclusions entirely unjustifiable, we present them to our readers for their mature judgment. As our illustrious American alienist, Dr. Isaac Ray, has very justly observed, it is to the last degree unreasonable to expect the

lunatic to reason sanely from insane premises. Nothing which could be written could express the truth more exactly than the following:

"The punishment of one insane person would not deter another from committing a criminal act, for the simple reason that the latter, not regarding himself as insane, sees in it no application to him who, as he believes, is in a state of perfect health, pursuing a right and lawful object. He either thinks that his case is an exception to the general rule, and that he is about to do something that will receive universal approbation, or that he is bound by solemn obligation to do the act, whatever may be the consequences. Nothing can more strongly illustrate the popular ignorance respecting insanity than the proposition, equally objectionable in its humanity and logic, that the insane should be punished for criminal acts, in order to induce other insane persons from doing the same thing.

\* \* \* In point of fact, it may be safely said that not an instance can be produced of an insane person being deterred from the commission of a criminal act by the punishment of some other insane person for a similar act, or encouraged to commit it by an example of an opposite kind." (See Ray's Medical Jurisprudence of Insanity, 5th ed. Boston, 1871, p. 56.

**BILLROTH'S OPERATIONS.**—It is no wonder that Billroth does remarkable operations. In the first place, he is responsible to no one; there is nobody to question him and to ask, why do you do this or why do that? The patient has not a word to say in the matter. If Billroth determines to do an operation, that is the end of it; he is supreme. If the patient recovers, all right; if he dies, all right; not a particle of difference either way. I do not know if he even has any particular satisfaction in the recovery of the patient; it all lies in the fact of having done the operation. In the second place, Billroth has been first professor for years. He has the most abundant material of all classes, qualities and kinds. He does all kinds of surgery, including everything relating to the female generative tract. There is no specialty of gynecology of any consequence here. There is not a day in the year, and has not been for years, that Billroth has not done major operations. I do not mean amputations of

\* The Punishability of the Insane. *International Review*, November, 1881.

limbs or resection of joints—he would not look at such a thing. Why! he whips out a goitre as a sort of by-play while the patient is being etherized. To take out a tongue is easy for him, and he ties the lingual arteries on both sides with the utmost ease. So exceedingly familiar is he with the topographical anatomy of the body that he rarely uses a director, but cuts right down to the place. He stops at nothing. The other day he was removing a cancerous ovary which was found to be adherent to the bladder and part of the small intestine. Does he stop? No! He cuts out a section of the bladder, stitches it up, cuts off seven inches of the intestine, stitches the ends together, removes the growth, closes the wound, and the woman recovers. I saw a man in the ward with a cancer of the stomach at the pyloric end, and after opening the abdomen, he found the disease so extensive, involving so much that he could not remove the growth at all. Does he close up the wound? Not he! He cuts down to the healthy gut, snips it off, cuts a hole in the healthy part of the stomach, stitches the gut to it, and the man is getting fat. Now I say that, to be sure, they are wonderful operations; but why shouldn't they be? Billroth has attained this boldness and amazing skill in surgery by easy stages and after years of daily operating. Another thing, if he proposes doing an operation a little new or out of the way, he has one cadaver or a dozen to experiment upon, if he wants them, at any time or hour of the day. There are twenty to thirty bodies in the pathological rooms every morning.

In Heitler's ward I was shown a case of pleurisy with large effusion. When I asked for treatment he said the patient will get no medicine. And though the chest was bulged out enormously, he would not tap, because, he said, it was bad practice. The patient did well. They give no medicine for pneumonia except "maybe a little *ipeccac.*" You would be amazed at the number of doctors I meet here, who are skeptical as to the efficacy of medicine. \* \* \*

The great antiseptic is iodoform. It is used in every operation and every character of sore. After the operation is over, the wound is covered with fine mosquito netting, dusted full of iodoform, so that it looks like yellow mosquito bar; then absorbent cotton is next applied, following this, cloths wet with carbolized water, and over all the

roller bandage. When operations for a cancerous vagina, os, etc., are done, the vagina is stuffed with iodoform tampons, and the wound not looked at for days. When the dressings are removed they are sweet and pure. Old cancerous sores are dusted over with iodoform. One day I saw an assistant blowing iodoform into a cancerous mouth. There was not a particle of smell from it, although hitherto the ward was made unbearable with it.—[Dr. McClelland, in *Philadelphia Medical Times*.]

#### REMOVAL OF THE UTERUS FOR CANCER.

—The number of the *New York Medical Journal and Obstetrical Review* for November, 1881, contains a "special article" by Dr. Andrew F. Currier, of New York, in which the various methods of removing the entire uterus for cancer, as practiced by Freund, Schröder, Czerny, and others, are reviewed, as well as the general question of the advisability of removing the organ. He thinks the advantages of the vaginal method over that of Freund (by laparotomy) are enormous—there is but one section of the peritonæum, the intestines are unharmed, there is a better opportunity to discover diseased tissue, which is most likely to be situated in the vicinity of the cervix, and, most important of all, the patients often survive, which is rare by Freund's method. But most patients are not likely to be benefited by either of these operations; the most hopeful cases will be those in which the patients are warned of their danger in the early stages of the disease, and in such cases Schröder's supra-vaginal excision of the entire cervix is most likely to prove of service. This operation, while not so radical as removal of the entire organ, and hence is not so efficient in cases involving the tissues above the internal os, is far less grave, and is more thorough than amputation of the cervix as it has been done in the past. In these rare cases, in which the body of the uterus alone is involved, there is no alternative to laparotomy, either by Freund's operation or by some modification of it. As to drainage, an important item in such cases, a perfect system seems impossible, but Bardenheuer's, although in the hands of others it has not fulfilled its author's expectations, affords as good results as any. As to the broad question of whether cancer of the uterus can be radically cured, the author thinks the logic of events points to its approaching solution.

# St. Louis Clinical Record.

EDITED BY

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## Editorial.

### RETROSPECTIVE AND PROSPECTIVE.

This number closes the eighth year and volume of the CLINICAL RECORD. During the months of May, June and July, 1881, no numbers were printed. Business complications compelled a temporary suspension; but since the last of July eleven numbers have appeared. The compulsory delay has resulted in vexation to subscribers, advertisers and the editor. We have endeavored to bring the date of issue up with the serial number of the journal, but, owing to lack of original matter for its columns, thus far, we have been unable to accomplish our purpose. For this reason, the next volume will begin with May instead of April, as the custom has been in former years. There will be no change in the policy or tone of this journal; it will continue on its thoroughly independent course, unsparing in criticism whereon criticism seems necessary; earnestly advocating a higher standard of medical education, and steadfastly holding to scientific truth so far as the editor is able to discern it. Honest criticism is cordially invited from all sides, and a sincere endeavor will be made to correct all errors which may find their way into this journal, which claims no infallibility or exemption for itself.

### PUNISHABILITY OF THE INSANE.

In Professor Hammond's paper on "Reasoning Mania," a lengthy abstract of which will be found in this number, the proposition is strongly argued that the "right and wrong test" of legal responsibility of the insane is the only proper one to be considered in courts of justice; and that the subject of monomania (or reasoning mania, as he chooses to term it) should be punished to the same extent and in the same way as the perfectly sane criminal. This is an acceptance of legal maxims such as has never been acknowledged by any modern alienist before Dr. Hammond. We have expressed our dissent from these views, and our approval of those of Dr. Ray, in a few words appended to the abstract of Dr. Hammond's paper. We here propose quoting from the discussion which followed the reading of the paper before the New York Medico-Legal Society, on March 1st, from the *N. Y. Tribune* of the following day.

Dr. Parsons, for many years Superintendent of the large asylum on Blackwell's Island, spoke as follows regarding this point in Dr. Hammond's paper:

"But as to the legal punishment of such cases, I do not agree with Dr. Hammond. It is asked, why should they not be held responsible if they know the distinction between right and wrong? The patients seem sane, perhaps, but they are not influenced by motives as other men are, and if not so, they should be put into a class by themselves. It is said that these cases should be punished for the sake of example. But the sane are not influenced by such examples, and the few insane who might be cognizant of it would not be affected unless the punishment were brought directly to their knowledge. The motive leading to the evil act is incomprehensible to the patient himself. He cannot compare himself with others. But society should be protected. An adequate remedy is proposed—that a special verdict should be given in criminal trials of persons of unsound mind, stating the fact of insanity, and that such a person shall then be permanently confined in a proper house of detention for

the insane. But it is not in accordance with my views of justice or public policy to punish the insane like sane criminals."

Mr. George H. Yeamans thought that there was nothing to be gained by the substitution of "reasoning mania" for the older term "partial insanity." He agreed mostly with Dr. Hammond's positions regarding Guiteau, but evidently thought the rule adopted by him was not exactly perfect. He said:

"But to the old rule of absolving a man not knowing right from wrong, I would add the point: Was the condition of the man's mind, will or self-control such that the knowledge that he would be punished could not deter him? Ought not this to be an element in the question? \* \* \* I agree with the conclusion that the accused man is a fit subject for punishment, not as we would kill a mad dog, but on the ground that he knew what he was doing to be wrong."

The doctors who had appeared for the Government had been invited to be present at this meeting, but, to a man, they prudently staid away.

Dr. E. C. Spitzka's remarks contain some interesting points relative to the Guiteau case, as well as his dissent from Dr. Hammond's proposition which we have under discussion. He said in part:

"I learned several things in the Guiteau trial. I learned that a doctor who declines a summons can be forced by an attachment to leave his practice and travel 300 miles for an insufficient fee. I was also under the impression that an expert was a man of profound learning, but I have learned a simple recipe for making experts: Take a doctor whose practice has nothing to do with mental diseases; put him into the limited express for Washington with a lawyer who will coach him all the way; let him meet another lawyer there who will rehearse with him a series of questions and answers; and the expert can go upon the stand and swear there is no such thing as moral insanity. Why, this expert said he based his knowledge on Bucknill and Tuke's book, in which there are twenty-six references to moral insanity, and a foot-note holding this very expert up to ridicule.

I examined Guiteau very carefully and found him full of delusions. He wanted a German mission, knowing nothing of the country or language; a French mission, with equal ignorance, and he was sure of success. His egotism and assurance are wonderful. When he mounts the scaffold it will be in the firm belief and expectation that God Almighty will descend from heaven and cut the rope. I agree with Mr. Yeamans that there is some confusion of terms in science, and I believe with Dr. Parsons, that certain combinations of intellectual acts may be deranged, leaving the rest sound. The most correct term for this case is the German one meaning original insanity. Guiteau was born as much of a lunatic as he is now, and there are the profound defects in his mental make-up of the group of lunatics to which he belongs. His family history is tainted. I presume those here will agree that the word of Dr. McFarland, of Illinois, will outweigh the word of all the witnesses for the prosecution, and he tells of Guiteau's father staying with him once being palpably insane. I have recently heard of the death of an insane uncle of his in the Bloomingdale Asylum. I will read you the history of a case of inherited taint, excessive egotism, delusion and mental defects from childhood, which is a parallel to that of Guiteau. Guiteau's mother had one child born with a deformity of the head, and one with a deformity of the heart, which resulted in fatal disease. I do not unreservedly agree with Dr. Hammond. This is a question not of retribution upon a disgusting and revolting wretch, but whether the example will frighten other lunatics. I say no. There have never been so many attempted assassinations of prominent men as in the few months immediately following the fatal 2d of July. Three days after, McNamara tried to kill Mr. Blaine; three months afterward a lunatic with a shot-gun attempted to shoot Governor Cornell; and not long ago a man armed with a "divine commission" and a revolver went to Washington to kill President Arthur. He was recognized as insane because he didn't succeed. Guiteau did, and is therefore sane. This is a question also of national polity. We should have justice, and I ask if a republic cannot do what a monarchy did when Lord Erskine defended Hatfield."

The attempt upon the life of the Queen of England occurred shortly after this dis-

cussion, and adds still more force to Dr. Spitzka's arguments.

Dr. George M. Beard gave his adhesion to Dr. Spitzka's views on the hanging of lunatics. He said, in part:

"What ought to be done with this man? His execution would be the greatest disgrace that ever befel this country, speaking from a scientific point of view. Even during his trial there were insane murderers who were not even tried, and others acquitted, with less evidence in their favor. \* \* \* But, as a principle, the hanging of Guiteau would be a return to the barbarism of the Middle Ages. At the time of the trial politicians got together in caucuses and swore he was sane. They knew if they acknowledged he wasn't sane he would be acquitted. I was at one of these caucuses [laughter,] and I know how things were managed there, but I left as soon as possible. We can only hang a crazy man by saying he is sane; so they swore his sanity straight through. All the evidence of his insanity was beautifully marshalled in line, and then adduced to show that he was sane. The whole thing was analogous to the Salem witchcraft trials. There, also, the old dogma about knowing right from wrong prevailed. Insane murderers usually do know right from wrong, and it is because murder is a terrible act that the insane man commits it. If we carry out the doctrine of condemning every man who knows right from wrong, there is no safety under the law. It will be like the hog-cleaning machine in Chicago. The hog can't stop after he once gets in until he emerges, scalded and cleaned, on the other side. So, if we start with the dogma of knowing right from wrong, which Judge Cox announces, there is no stopping; trial must lead to conviction, and trial under such a dogma is conviction."

A number of gentlemen—both lawyers and physicians—spoke in the after part of the discussion; few of them agreeing with Dr. Hammond's conclusions, while all thought Guiteau insane.

It will be seen that most of the members of the Medico-Legal Society have correct ideas on the disposition to be made of violent lunatics. The modern idea of punishment is not that of revenge or retribution upon the

homicide. It is rather for the sake of the example afforded other individuals of similar tendencies, that they may be deterred from committing analogous acts. Such example is absolutely without effect upon the victim of disease; consequently, a punishment such as that in store for Guiteau, like that inflicted in St. Louis, upon Henry J. Redemeier, is a needless, fruitless exhibition of popular vengeance, which is contrary to the spirit of the age, revolting to humanity and a reproach to the American professions both of law and medicine.

### THE COLLEGE OF MEDICAL PRACTITIONERS.

One indication of the insufficient character of the instruction given in the ordinary American medical college, is afforded by the establishment of the so-called "post-graduate courses" in a number of these institutions. As usually conducted, the "post-graduate course" is little more than a farce. A number of inexperienced teachers, itching for the title of "Professor," organize under the patronage of some college, and pretend to give thorough instruction upon some of the more prominent specialties. This gives the fledgling "Professors" the opportunity of advertising themselves and of wheedling a moderate fee out of the unsophisticated country doctor who is verdant enough to be caught by the glittering promises of the brevet-"Professors."

There is an evident need which this addendum to the regular course of the colleges fails to meet. One month of half-hearted instructions by incompetent teachers will never fill the void in the doctors education, left by the insufficient teaching of his student days.

St. Louis is the first city to recognize and meet this want. A college has been duly chartered and the Faculty organized for the special purpose of affording instruction to the half-educated physicians of these

United States. The Dean of the new college has requested us to give the new enterprise appropriate notice and we very cheerfully comply with his request. To do so in the most appropriate manner, we take the liberty of quoting liberally from an announcement from the pen of the Dean himself. In no other way could we so well describe the peculiar attractions of this new departure in medical teaching. As the Dean himself will be one of the more prominent professors, our readers will, at the same time that they learn of the scope of the institution, learn something of the literary style which will prevail therein. We quote:

"This is an institution *sui generis*. There exists no other such medical school in the world. Its name—the caption of this article—plainly indicates its object. It is 'the establishment of a College at which Medical Practitioners may review their Collegiate Courses and receive instruction in current advances of the several branches of Medicine and Surgery and the specialties connected therewith.' \* \* \*

"Those who have scanned the catalogues issued from the Medical Colleges during the last five or seven years, must have noticed the large and continually increasing number of medical practitioners who are availing themselves of the great advantages arising from a more thorough knowledge in several departments of Medicine and Surgery.

"To make sure that we were not too far in advance of the times, or led astray by what seemed to us to be a very decided 'want,' that must have long been felt by many practitioners, we wrote letters to a large number of *well known* physicians residing in this and adjoining States, concerning the possible need and success of such an institution as the one contemplated. From each of whom we received such encouragement, that our enthusiasm, which we feared was too great, was made still greater. No one will read these letters without appreciating the need of a 'COLLEGE FOR MEDICAL PRACTITIONERS.' The following are some of their expressions on this point: 'It will be a great convenience to the country practitioner.' 'You may count me as one of your most attentive students.' 'Why did you not think of this before?' 'That's business; it will pay you and those who go to

hear you.' 'I am very sure you have invented a method of education that will become very popular and profitable.' 'We have enough Colleges to make doctors, but we sorely need a College to improve those already made.' 'It is a desideratum.' 'I am pleased with the idea, as the want of such privileges have always been felt by general practitioners.' 'Your method of teaching is a good one; I am sure you will be successful.' 'Knowing several of your associates in your enterprise, as well as yourself by reputation, I feel quite sanguine of your success.' And so on in almost every letter."

Then follows an extract from an editorial in a New York journal, after which is the concluding paragraph:

"As many of our readers may be interested in knowing more of this institution, we may, if perfected, give its complete working plan in the next issue."

The readers of the CLINICAL RECORD shall be duly informed when the Dean of the College for Medical Practitioners and his associates reach *perfection*, which we trust may be soon.

#### EDITORIAL NOTES:—

DR. E. C. Spitzka has been elected president of the New York Neurological Society. We congratulate the society on its wise selection, and venture the prediction that there will be an immense increase in the amount of good work done under the inspiration of such a talented and energetic presiding officer. The Society has since its beginning been emphatically a working organization, and this selection shows it has no idea of giving up its well-earned reputation in this regard. The election of Dr. Spitzka may also be looked upon as an indorsement of his course in the Guiteau trial, in which he was so shamefully abused by the attorneys, as well as by a portion of his own profession.

LISTERINE has proved itself a most excellent antiseptic in our hands. In the treatment of anginose scarlatina, we have used it with the best effect as a spray and gargle. It is as efficacious as the usual carbolic

acid solutions, while its agreeable odor and *harmlessness* when swallowed, places it infinitely above phenol in all cases of children's diseases where a throat wash is indicated.

Dr. W. G. Moore, of St. Louis, assures us that he knows of no better abortive treatment of sick-headache, arising from gastric indigestion, than drachm doses of Listerine, repeated every hour if necessary—one or two doses generally check fermentative changes in the ingesta, and with this the headache usually disappears.

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### Book Notices and Reviews.

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THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery by Authors of Various Nations. Edited by John Ashhurst, Jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromolithographs and wood cuts. In six volumes. Vol. 1. Royal, 8vo; pp. 717. Sold only by subscription. Cloth, \$6.00 per volume. New York: William Wood & Co. 1881. St. Louis: H. R. Hildreth Printing Co.

A year ago, when Messrs. Wood & Co. issued a preliminary announcement of the formidable work they had undertaken, we were by no means confident that the first volume—to say nothing of the other five—would ever see the light. The enterprise was so extensive, and the task of inducing the most eminent surgeons of all countries to work harmoniously together, so apparently hopeless that a little prudent scepticism was perhaps pardonable. But the contract undertaken seems about to be carried out in good faith. The first volume fulfils all the specifications with but one exception. We refer to the history of surgery, by Prof. Gross, promised to be given in this volume, but which is unaccountably missing, the editor making no allusion to the fact in his preface. We presume, therefore, that the hand of time has been laid too heavily upon the “Nestor

of American Surgeons,” to permit the task assigned him to be accomplished. The volume is large enough as it is, without the valuable article we had expected. We trust, however, that the leisure of his last days may permit him to complete it as a fitting close to this great work, and, perhaps, the crowning literary effort of his life—which we hope may be prolonged yet a score of years.

The volume opens with a most valuable and interesting article by Prof. Stricker, of Vienna, on “Disturbances of Nutrition; the Pathology of Inflammation.” We must say that this is the most satisfactory article on the subjects that we have ever had the pleasure to peruse. We presume many who purchase the work will neglect to read this incomparable article, on account of the presumption that it is not practical. Nothing could be farther from the truth. Stricker rejects Cohnheim's migration-theory of inflammation *in toto*, and formulates his own doctrine in the following words (page 28):

“*Metamorphosis of tissue; return to the embryonic condition; division into amoeboid cells of the masses which have become movable; hence the destruction and the suppuration; this is briefly the outline of my new doctrine.*”

Each and every one of these factors in the formula are conclusively proven by experiments, and the older doctrines, from Celsus to our own time are as effectually exploded.

We regret that our space does not allow of a more extended notice of this pregnant article; we can only hope that a majority of our readers will study it carefully for themselves.

A general consideration of Inflammation, by Prof. Wm. H. Van Buren, of New York, then follows, which is very fairly written as well as quite complete. A very fair summary of the “germ theory,” as presented by Pasteur and Koch, is also to be found in this article. Of course, the author is very cautious about adopting these new

views, but presents them in an impartial manner with, apparently, a decided leaning towards accepting them. In the treatment of inflammation, we find the significant statement that *antiseptics* are replacing *antiphlogistics*; one which marks one of the greatest advances of modern surgery.

The article on "Erysipelas," by Prof. Alfred Stillé, is well written, but contains nothing especially calling for comment.

Pyæmia and Allied Conditions are very briefly considered by Dr. Francis Delafield, of New York. The germ theory of Pasteur seems to be adopted by the author, although he refrains from such a positive statement of opinion. Two fine chromo-lithographs illustrate the appearances presented by pyæmic abscesses in the lung and liver. The editor, Dr. Ashhurst, dissents from Dr. Delafield's statement as to the almost inevitable fatal termination in cases of pyæmia, but the writer of this notice is convinced that the prognosis as given is none too gloomy.

Dr. Wm. S. Forbes, of Philadelphia, contributes a "hack article" on "Hydrophobia and Rabies; Glanders; and Malignant Pustule." The author appears not to have read any very recent literature upon the last-named subject.

Mr. Henry Trentham Butlin, of London, treats of Scrofula and Tubercle. As he confesses at the very outset that "we can not even define either disease with accuracy," we shall charitably omit further notice of his, probably, excellent contribution. This is all the more advisable in view of the recent researches of Koch on the subject.

Dr. J. Lewis Smith, of New York, presents a very complete paper on "Rachitis." Those who have read Dr. Smith's last edition will not need to peruse this chapter.

Surgeon-General Philip S. Wales, of the U. S. Navy, writes the article on "Scurvy." No author is better qualified for this work, and we presume it has been done well, but, unfortunately, we have not had the time to read it.

Naturally, we have perused the article by the eminent Professor of Clinical Surgery of the Faculty of Medicine of Paris, on the "Reciprocal Effects of Constitutional Conditions and Injuries," with absorbing interest. Prof. Verneuil has had vast experience and has observed his cases well. The subject is a most important one, although it receives no very extended notice in our text-books. He considers the following conditions as affecting the progress of repair after injuries, and as, in turn, affected in their progress by traumatic influences: Arthritism (Rheumatism, Gout and Herpetism), Cancer, Scrofula, Tuberculosis, Scurvy, Leucocythæmia, Hæmophilia, Syphilis, Malaria, Alcoholism, Morphinism, Saturnism or Lead-Poisoning, Hepatism, Nephritism, Cardism, Locomotor Ataxia and Various Neurosis, Diabetes Mellitus, Phosphaturia, Pregnancy, Infancy and Old Age. In the course of the discussion of these various conditions, some peculiar opinions of the eminent author are set forth. Thus, on page 313, he lays it down dogmatically that "neoplastic and cancerous subjects are merely arthritic patients, suffering from a special manifestation of the constitutional disease." That is to say, cancer and rheumatism are at foundation the same.

Under the head of Hæmophilia, he states he has never seen it, and politely expresses what Betsy Trigg told Sairey Gamp relative to the alleged Mrs. Harris, that she "didn't believe there was no such person," in these words (p. 319): "I am in no degree convinced that there is such a special condition, deserving a special place in nosology and a special name." If Prof. Verneuil will visit St. Louis, we promise to show him a case that will dissipate all his doubts on the subject.

He states that splenotomy, for the relief of leucocythæmia, has been performed at least fifteen times, and has always been followed by death under these circumstances.

What is said relative to the influence of malaria is excellent, and will be approved

by every practitioner who has seen much of it. We have never seen intermittent tetanus, from malarial intoxication, but presume the author is correct in his statement that such cases do arise.

As a whole, the article is a very good one.

"General Principles of Surgical Diagnosis," by Prof. Agnew, of Philadelphia, presents no very striking features, but is written in excellent style and is worthy of its distinguished author.

The paper on "Shock," is by Mr. C. W. Mansell-Moullin, of London, is fully up with the times and, consequently, contains the latest teachings of experimental pathology. It is needless to add that it is in accord with Stricker's opening chapter. The hypodermic use of ether in the treatment of shock is warmly indorsed by the editor, who is confident that by this means he has saved life. He injects thirty minims every five or ten minutes until the patient is able to swallow, when five grains carbonate of ammonia is given every half-hour by the mouth. The author thinks that the balance of opinion is now decidedly in favor of the use of anæsthetics when an operation is required in a case of shock, and that ether is to have the preference. The discussion on fatty embolism is very interesting and valuable.

The chapter on "Traumatic Delirium and Delirium Tremens," by Dr. Wm. Hunt, of Philadelphia, contains nothing more remarkable than the fanciful discussion of the term "delirium" in its first paragraph. The advice to use opium in the treatment of delirium tremens we believe to be very unsound.

"Anæsthetics and Anæsthesia," by Dr. H. M. Lyman, of Chicago, is an excellent abstract of his really valuable book on the same subjects, given as the September volume of "Wood's Library" of last year.

"Operative Surgery in General," by Prof. John H. Brinton, of Philadelphia, is a good introduction to the serious work of the

volume. It shows the hand of the practical operator, one who was deemed competent to succeed the illustrious Gross as a teacher.

"Minor Surgery," by Dr. Charles T. Hunter, of Philadelphia, is really a complete treatise on the subject.

The closing article, on "Amputations," is by the editor, Prof. John Ashhurst, Jr., M. D., of Philadelphia. It is illustrated profusely with excellent original drawings and a fine chromo-lithograph of one of his most remarkable cases of *primary* synchronous amputation of left leg and right hip-joint, one of those extraordinary cases which have placed Dr. Ashhurst high up on the list of successful surgeons. This article covers over one hundred and fifty pages, and is one of the best on the subject to be found in our literature.

From a general survey of this first volume, we are justified in pronouncing it a most excellent one. If those which follow it continue to keep up the same standard, we have no hesitation in saying that the completed work must, of necessity, find its way into the working library of every surgeon who reads English.

**AN INDEX OF SURGERY:** Being a concise Classification of the Main Facts and Theories of Surgery, for the use of senior students and others. By C. B. Keetley, F. R. C. S., Senior Assistant Surgeon to the West London Hospital; Surgeon to the Surgical Aid Society. 8vo. pp. 208. Cloth, \$1.00. New York: Bermingham & Co., Publishers, 1260 and 1262 Broadway. 1882.

**THE SAME.** 8vo., pp. 320. Cloth, 50 cts. New York: William Wood & Co. 1882. St. Louis: Book & News Co.

Mr. Keetley has produced a note-book on surgery which has met with universal favor. He states expressly in the preface, that "This book is intended to be read by the senior student shortly before he goes in for his final examination, and after he has carefully studied a complete text-book of surgery." If students would only carefully study some complete text-book of surgery

before taking up this Index, we would have for it only words of strongest commendation. And the same should be said of a number of really useful compends, memoranda and remembrancers to be found in the bookstores. But it is precisely for the reason that students—too many of them, at least—are so apt to neglect the complete text-books, and rely upon the compends exclusively, that we have felt it our duty to discourage this class of literature.

This Index of Surgery is arranged alphabetically, beginning with "Abdomen, Contusions of," and ending with "Wounds," and an Appendix, in which are considered: Microscopic Organisms; Charcot's Joint Disease; Osteotomy; Chief Affections of the Ovaries (by Mr. A. Doran); Scarlatina following operations; Hereditary Syphilis; Vaccino-Syphilis; Toothache (by Mr. J. Lyons); and Notes on Ophthalmic Surgery (by Mr. Henry Juler).

Wood's edition contains a short list of ophthalmological authorities, and a list of names referred to in the body of the work; otherwise the two volumes contain the same matter.

The astonishing cheapness of either of these "pirated" editions is understood, when we inform our readers that a copy of the English original costs *four dollars* in our market.

Dr. Birmingham initiated the publication of cheap medical literature, and showed what enormous profits were reaped by those houses which reprinted foreign works without paying anything to the authors. This has had the effect of inspiring the older laborers in the vineyard with a desire (metaphorically) to cut the throat of the intruder upon their preserves. Hence, apparently, a league among them to crush out the daring interloper. Birmingham's revolution will probably result in the enactment of an international copyright law, which has long been needed to give all authors what justly belongs to them—a share of the publisher's profits. Meanwhile, we advise our friends to profit

by this "war of rates" while it lasts, and to gather the fruits while they may. At the same time, remember that Dr. Birmingham is the originator and deserves our gratitude and support.

**LECTURES ON ELECTRICITY.** (Dynamic and Franklinic), in its Relations to Medicine and Surgery, by A. D. Rockwell, A. M., M. D., Electro-Therapeutist to the N. Y. State Woman's Hospital, etc. 8vo. pp. 122. Cloth, \$1.25. New York: William Wood & Co., 27 Great Jones street, 1881. St. Louis: H. R. Hildreth Printing Co.

As intimated rather broadly, in a notice of the first edition, this little work has little, except its brevity to recommend it to the student of electro-therapeutics. A new chapter has been added, devoted to Franklinic electricity, and Prof. Graham Bell's "induction balance," which failed so miserably in President Garfield's case, is described with apparent approval. A page and a half are devoted to the Galvanic Accumulator—mostly descriptive of his own use of it in a case assisting "Professor" James R. Wood in a surgical operation. Most of the New York "Professors" have to content themselves with simple "Dr." to their names; but when Dr. Rockwell assists one, then only he has a right to this valuable "handle to his name."

We may be extremely myopic, but we are unable to find any reason for the existence of this volume.

**THE SYMPATHETIC DISEASES OF THE EYE,** by Ludwig Mauthner, M. D., Royal Professor in the University of Vienna. Translated from the German by Warren Webster, M. D., Surgeon U. S. Army, and James A. Spaulding, M. D., Member of the Ophthalmological Society, etc., 12mo. Cloth, \$2.00. New York: Wm. Wood & Co., 1882. St. Louis: H. R. Hildreth Printing Co.

This is a complete and exhaustive consideration of the important subject of *Sympathetic Ophthalmia*. It will well repay a careful perusal. While it is well

written, it is certainly too prolix; it requires too much reading to get the points made by the author. This makes the reading of the work somewhat tedious. This, of course, will be a serious objection on the part of the general practitioner, for whose benefit it is chiefly written. The subject matter, moreover, is not treated of in a style easily comprehended by any other than an expert. The final conclusions to which the author arrives are not as explicitly and concisely stated as they should be, as I think. The general profession wants *conclusions*, not history.

While I know that *Sympathetic Ophthalmia* is a very grave matter still I must say, that to my mind, the author has greatly exaggerated the sympathetic affections of the eyes. Many conditions, which, as he claims, are the result of *sympathy*, are, to my mind, *idiopathic* or *spontaneous* diseases. The idea carried clear through the book is about this: If one eye has been destroyed by an injury or a surgical operation, and the other eye should afterwards have iritis, cyclitis, irido-cyclitis, choroiditis, retinitis or optic neuritis, it is the result of sympathy with the lost eye! The facts do not warrant this conclusion. The author seems to forget that when one eye has been lost by injury or spontaneous disease the other eye is still liable to have any and all kinds of spontaneous disease develop in it. All such diseases cannot be properly classed as resulting from sympathy.

The explanation of the manner in which sympathetic ophthalmia is developed is the old and, I suppose, correct explanation, that it results from the close sympathy between the optic and ciliary nerves of one eye with those of the other—*reflex irritation*. In the treatment there is nothing new.

A. D. W.

**SUPPRESSION OF URINE.** Clinical Descriptions and Analysis of Symptoms, by E. P. Fowler, M. D. Ninety-three Clinical Cases, with illustrations, tables and diagrams. Paper presented to the N. Y. Medico-Chirurgical Society, 14th Decem-

ber, 1880. 8vo. pp. 86. Cloth, \$1.50. New York: William Wood & Co, 1881. St. Louis: H. R. Hildreth Printing Co.

The author describes a remarkable case of suppression of urine, persisting over ten days, caused by a cyst formed by a degenerated left kidney and supra-renal capsule pressing upon the right renal artery, thus causing ischæmia (and consequent loss of function) of the remaining functionally active kidney. The anuria was relieved by aspirating the cyst and thus removing the pressure. The patient lived several (ten) days after the reestablishment of the urinary secretion, then died with symptoms of uræmic poisoning.

The writer then collects ninety-two additional cases, from medical journals mostly, and tabulates the facts connected with them. His list of cases, however, is far from complete, and possesses no very great value. He gives two cases of hysterical anuria reported, one by Drs. T. A. McBride and M. D. Mann, the other by Dr. H. B. Millard. He has evidently never heard of Charcot's case, or of those quoted by him, (*vide* Charcot's *Leçons sur les Maladies du Système Nerveux*, t. 1, 3me. partie). Although he quotes from Ziemssen's *Cyclopædia*, he omits mention of cases of the same kind reported by Owen Rees and Littel, which are mentioned in the same volume. A compiler, if he would receive any credit, must make his accumulation of facts fairly complete. If this is not done his work is fruitless and an inexcusable infiction upon the professional public.

**A STUDY OF TUMORS OF THE BLADDER**, with Original Contributions and Drawings. By Alex. W. Stein, M. D., Surgeon to Charity Hospital, Genito-Urinary and Venereal Division, Etc. 8vo.; pp. 94. Cloth, \$1.25. New York: Wm. Wood & Co., 27 Great Jones Street. 1881.

Dr. Stein has gathered together a large amount of information relating to a confessedly obscure subject. The bibliography seems to be fairly complete, and the addition

of the notes of four cases which have come under his personal observation, (two of them fatal), makes this little monograph of more value than a mere compilation could have been. The original illustrations, from drawings by Carl Heitzmann, are excellent. The author is a strong advocate of early operative interference in all cases, and his arguments seem to be conclusive.

No surgeon with any genito-urinary practice can afford to neglect reading Dr. Stein's excellent little volume. We shall expect more good work of this kind from him in the future.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF KANSAS, at its Fifteenth Annual Session, held in Topeka, Kansas, May 10 and 11, 1881. 8vo., pp. 160. Atchison, Kansas: E. W. Beall. 1881. From the Secretary.

The Kansas State Medical Society shows a good deal of vigor and this volume of Transactions is probably the best it has produced. The Examining Board has had the State law regulating the practice of medicine properly tested, and the Supreme Court has decided it to be unconstitutional. The *status* of the State Medical Society was, however, at the same time, fixed as that of a legally established institution.

Among the many reports submitted at this meeting, that on "Hernia," by Dr. G. H. Picard, of Topeka, is especially noteworthy. It is full of humor and contains reports of two cases which were *not* hernia.

Dr. A. H. Lamphear, of Atchison, read an interesting but unsatisfactory paper entitled "Some thoughts on the Psychological and Physical Forces Physiologically Distinguished." His object may be learned from the following:

"I have sought to establish the hypothesis that there exists in us an inherent power, which, through the exercise of the will, is capable of influencing or of controlling the psychical and physical states of other persons; and which may be made of practical value either alone or conjointly with

other means, in the rational treatment of disease; leaving the question of how far it may be relied upon in any given class of cases, the general range and extent of its applicability and the precise methods to be employed in its application to the different classes of disease, to be determined by further investigation and future experience."

Dr. Lamphear speaks very confidently of the probabilities of benefits to medicine to be derived from what is generally known as "Mesmerism"—more confidently perhaps, than he will speak of it ten years hence. Further investigation and study will enable the author to abandon his position that "all the animal functions are *electrically produced*."

The other papers contained in this modest volume are of average merit, but offer no special points for comment.

The Society will hold its next annual meeting at Emporia, Kansas, on the second Tuesday of May, 1882. We have every reason to expect that it will be a large and successful one.

ILLUSTRATIONS OF DISSECTIONS in a Series of Original Colored Plates in Size of Life, Representing the Dissection of the Human Body. By George Viner Ellis, Professor of Anatomy in University College, London, and G. H. Ford, Esq. Second Edition. 8vo.; Vol. I, pp. 238; Vol. II, pp. 226. Sold by subscription only. Cloth, \$15.00 for twelve volumes. New York: William Wood & Co., 27 Great Jones Street. 1882.

These excellent plates, fifty-eight in number, have been reduced on a uniform scale and reproduced in *fac simile* for Wood's series. The two volumes (for January and February) are examples of remarkable cheapness. We are assured by competent judges that this work alone is worth the price of the subscription for the entire year.

In some instances the work of reduction has impaired the value of the plates, but most of them very faithfully represent the appearances found on actual dissection.

The paper used in the "Library" for 1882 is of better quality than in that of

last year, but the binding is not quite so good. We hope the publishers will receive substantial support in their very praiseworthy undertaking of supplying a great amount of first-class medical literature to the profession at a nominal price.

**HOME AND CLIMATIC TREATMENT OF PULMONARY CONSUMPTION**, on the Basis of Modern Doctrines, by J. Hilgard Tyndale, M. D., Late Physician in Charge of Rocky Mountain Sanitarium for Consumptives, at Manitou, Colorado, etc., 12mo. pp. 174. Cloth, 50 cents. New York: Bermingham & Co., Publishers, 1260 and 1262 Broadway; 1882.

"Modern Doctrines" relative to the genesis of tubercle, its inoculability, its dependence upon a specific microbion or disease-germ, or its dependence upon "scrofula," or upon simple inflammation, are so diverse that Dr. Tyndale has evidently set himself a task of no mean magnitude when he began this unpretentious volume. He has succeeded in embracing all cases of pulmonary consumption under a pathological classification which probably is satisfactory to himself if not to his readers. The question of transmission of the diseases from person to person, or from animals to man, is not discussed.

The author's Colorado residence has evidently convinced him of the benefits to be derived from that dry, elevated region. He is also equally convinced of the value of sanatoria, one of which it seems, he at one time superintended. This is all very well, but we would rather have an opinion on the benefits of sanatorium treatment of consumption from some physician who has sent patients to them for treatment, and intelligently noted the results, then from one who must be considered an interested party.

The book is written in a style intended to be terse and lively, but occasionally this leads to remarkable confusion, if not in the author's, at least in the reader's, mind. Thus:

"Under hereditary scrofulous we place: First, All those with hereditary tendencies

not too remote. Second, Such in whom beneficial influences have been at work upon the organism for a long time, thus pressing their stamp indelibly upon them. Long continued imperfect nutrition, bad ventilation, and of the lungs especially; chronic blood-poisoning, as in syphilis; long continued abuse of the nervous system, as in onanism." (Page 166.)

We are of the opinion that most individuals of our acquaintance have "hereditary tendencies not too remote." We allude to the fact that parents ought not to be considered so *very* remote. "Beneficial influences," (he probably means "prejudicial") may work for a long time upon almost any "organism" and "press their stamp indelibly upon" it, without necessarily causing it to become scrofulous or consumptive. We are happy to agree with the author that bad ventilation "and of the lungs especially," is extremely reprehensible.

The book is very handsomely presented by the publisher. It contains nothing very new or striking. It is a marvel of cheapness.

We observe, with sorrow, that Dr. Tyndale has accepted the gynecologist's practice of "parting his name on one side." We hope he will correct this along with his grammar, and write something more worthy of his pen.

**THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.** Instituted 1847. Vol. XXXII. 8vo., pp. 684. Philadelphia: Printed for the Association. Collins, Printer, 705 Jayne Street. 1881. From the Treasurer.

Immediately after the meeting of the Richmond meeting of the American Medical Association, we gave such an extended report of its doings that we do not feel justified in devoting much space to the volume of its transactions. There were less than five hundred members present, and the proceedings were not so remarkable for anything as for their dullness. To be sure, the attempt to interfere with the free teaching of medical facts to duly matriculated

students, did not meet with much success, and the effort of a wealthy firm of manufacturers to make the Association a caudal appendage to the drug house was equally unsuccessful. We presume the fight over this puerile question will force the Association to lose a good deal of valuable time at its meeting, at St. Paul, on the first Tuesday of June next.

The meeting will doubtless have something to say on the subject of the New Light—New York Code of Ethics. If we do not mistake the temper of the profession, the time has not yet arrived for "throwing down the barriers" to the isms and pathics. However, we seldom attempt the rôle of prophet, and, therefore, shall not be surprised at any action this august body may choose to take in the premises.

#### LITERARY NOTES.—

IN the February number of the *North American Review*, Prof. George P. Fisher, of the Yale Divinity-School, presents an able and brilliant defense of the Christian Religion against the attacks of unbelievers. Although not a formal answer to Col. Ingersoll, it is intended as an answer to all cavils of that sort. Those familiar with the writings of Voltaire and his contemporaries must have been struck with the poverty of new ideas displayed by later objectors. Prof. Fisher's strongest points are his assumption of the *gradual* development of Divine revelation and the modification of inspiration to the capacities and requirements of the people who were to receive them. The progressive character of modern orthodox theology is demonstrated in a most conclusive way in this, which must be regarded as the latest statement of an authoritative character of that side of the question.

President Andrew D. White endeavors to answer the question: "Do the Spoils Belong to the Victor?" Isaac C. Rice offers "A Remedy for Railway Abuses;" Senator John W. Johnson treats of "Repudiation

in Virginia," and that morbid old person, Henry Bergh, endeavors to abolish vaccination with a wildly polemical paper entitled, "The Lancet and the Law?"

In the number for March, Senator Geo. F. Edmunds discusses the conduct of the Guiteau Trial, and makes it a text for considering the processes of modern criminal law. Ex-Minister Noyes gives the results of his observations of political affairs in France, in a paper entitled "The Progress of the French Republic." Judge Edward A. Thomas contributes an able article on "Trial by Jury," showing its origin and present defects. John Fiske makes a brilliant analysis of that great intellectual movement, the Reformation, under the title "The True Lesson of Protestantism;" "Law for the Indians," by Rev. W. J. Harsha, is an attempt to show that the only way to deal with them, and cure all the troubles arising from them, is to extend the jurisdiction of the civil and criminal courts over all the social relations of the red man. Prof. A. B. Palmer, M. D., of Ann Arbor, contributes a telling article on "The Fallacies of Homœopathy." Finally, Hon. Neal Dow, the great exponent of the "Maine Law," demonstrates, to his own satisfaction, at least, that "Prohibition *does* Prohibit, in Maine, in an article entitled "Results of Prohibitory Legislation."

Again, we must give our hearty indorsement to the venerable *North American Review*, which under the management of Mr. Thorndike Rice, is one of the most vigorous and instructive periodicals of the day, Subscription, \$5.00 per annum. Published at 30 Lafayette Place, N. Y.

THE *Christian Religion*, is a neat pamphlet containing the discussion between Colonel Ingersoll, Judge Black and Prof. Fisher, which has given such absorbing interest in the *North American Review* during the past eight months. Our readers will be glad to have these vitally interesting papers in connected form. Published at the office of the *Review*, 30 Lafayette Place, N. Y.; Price 50 cts.

DR. H. R. BIGELOW, of Washington, has in active preparation "A System of Gynecology," in treatises by various authors. We understand that it will be in three volumes, and will be the most complete exposition of "the American Art" that has ever appeared. Messrs. H. C. Lea's Son & Co., of Philadelphia, will assume the publication. Dr. Bigelow has shown himself an able and vigorous writer by his very complete monograph on Hydrophobia, noticed in these columns some months since, as well as by his contributions to the "trade-mark discussion." We expect from him and his co-laborers a valuable digest of gynecological literature, as well as some important new contributions to the subject.

#### BOOKS AND PAMPHLETS RECEIVED.

**A TREATISE ON THE SCIENCE AND PRACTICE OF MEDICINE**, or the Pathology and Therapeutics of Internal Diseases. By Alonzo B. Palmer, M. D., LL. D., Professor of Pathology and Practice of Medicine, and of Clinical Medicine in the University of Michigan, etc. In two volumes. Vol. 1, 8vo; pp. 908. Cloth, \$5.50 per volume. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-Third street. 1882. St. Louis: H. R. Hildreth Printing Co.

**A CLINICAL HAND-BOOK ON THE DISEASES OF WOMEN.** By W. Symington Brown, M. D., Member of the Gynecological Society of Boston, etc. 8vo; pp. 247. Cloth, \$2.50. New York: Wm. Wood & Co., 27 Great Jones street. 1882. St. Louis: Book and News Co.

**WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS, 1882:—**

**LECTURES ON DISEASES OF CHILDREN.** A Hand-book for Physicians and Students. by Dr. Edward Henoeh, Director of the Clinic and Polyclinic for Diseases of Children in the Royal Charité, and Professor in the University of Berlin. 8vo; pp. 357. Cloth, \$1.25 per volume, by subscription only. New York: Wm. Wood & Co. 1882. St. Louis: H. R. Hildreth Printing Co.

**FROZEN SECTIONS OF A CHILD.** By Thos. Dwight, M. D., Instructor in Topographical Anatomy and Histology in Harvard University, Etc. 4to; pp. 66; with fifteen drawings from nature by H. P. Quincy, M. D., Cloth, \$3.00. New York: Wm. Wood & Co., 188. St. Louis: H. R. Hildreth Printing Co.

**DISEASES OF WOMEN:** Including their Pathology Causation, Symptoms, Diagnosis and Treatment. A Manual for Students and Practitioners. By Arthur W. Edis, M. D., London, F. R. C. P., M. R. C. S., Assisting Obstetric Physician to the Middlesex Hospital, etc., 8vo. pp. 576. Cloth, \$3.00; leather, \$4.00. Philadelphia: Henry C. Lea's Son & Co. 1882. St. Louis Book & News Co.

#### Home News.

**THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS** held its third annual commencement on the evening of February 28, 1882. The following are the names of those who received the degree of Doctor of Medicine on this occasion:

James A. DeMoss, of Kansas.

Henry Diers, of Missouri.

Otto L. Doering, of Missouri.

Edmund Douglas, of Illinois.

Frank Dulin, of Texas.

Alva C. Foster, of Illinois.

William E. Harris, of Illinois.

Frank L. James, of Missouri.

Henry Klemm, of Colorado.

John L. McComb, of Missouri.

Joseph C. Moore, of Nebraska.

Edwin P. Pierron, of North Carolina.

The *ad eundem* degree was conferred upon:

John J. Lawrence, M. D., of St. Louis, and John P. Pardue, of St. Louis.

The honorary degree was conferred upon Prof. Wm. T. Briggs, M. D., of Nashville, Tenn., and Ferdinand C. Herff, of San Antonio, Texas.

The session just closed has been a very successful one, and demonstrates that the three-years lecture course meets with the approbation of the profession.









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